



Application for Hearing Services

FOR USE BY LIONS CLUBS ONLY



OREGON LIONS
Sight & Hearing Foundation

Section 1: Applicant Information (please print)

Request for: Hearing Exam Hearing Aid(s) I Have a Current Hearing Exam/Audiologist

Applicant First Name		Applicant Last Name		Applicant Date of Birth	
Home Address			Apartment	Phone	
City	State	Zip Code	Email Address		
Number of People Living in Household?	How Long Have You Lived In Oregon/Northern California? (month/years)		Occupation		
Applicant or Guardian Signature			Relationship to Applicant	Date	

PLEASE NOTE: YOUR APPLICATION WILL NOT BE REVIEWED UNLESS PROOF OF INCOME IS INCLUDED.

You MUST provide valid documentation showing proof of income for your household. This could include: pay stubs from the last 2 recent pay periods, current DHS/TANF/SSI/Disability award letters or awards letters from other government or state assistance programs.

Section 2: Insurance and Financial Information

Insurance coverage (check box)	MONTHLY GROSS INCOME (before taxes and deductions)	MONTHLY EXPENSES (average from month to month)
<input type="checkbox"/> Private Insurance	Applicant Wages _____	Mortgage/Rent/Utilities/Fuel _____
<input type="checkbox"/> Medicare	Spouse/Domestic Partner Wages _____	Groceries _____
<input type="checkbox"/> Oregon Health Plan	Welfare Benefits _____	Car payment/insurance/gas _____
<input type="checkbox"/> Veteran's	Social Security or Disability Benefits _____	Medical/Prescriptions _____
<input type="checkbox"/> Other	Food Stamps _____	Credit Cards _____
<input type="checkbox"/> None	Other _____	Other _____
	Total Monthly Income: \$ _____	Total Monthly Expenses: \$ _____

Section 3: Authorization for Disclosure of Financial Information

I authorize the Lions Club listed in Section 4, the Oregon Lions Sight & Hearing Foundation, and their qualified partners to receive my financial information.

Purpose for disclosure:

The undersigned is requesting charitable assistance from the Lions Club of Oregon and the Oregon Lions Sight & Hearing Foundation. Any requested financial information will be used to determine eligibility to receive financial assistance. I understand that I may revoke this authorization in writing at any time by sending a signed and dated written statement, except to the extent that the organization(s) named above have taken action in reliance on this authorization. I have had the opportunity to read and consider the contents of this authorization.

Applicant or Guardian Signature	Date
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Applicant: Complete Sections 1, 2, and 3 only and **submit form to the Lions Club listed in Section 4.** The Lions Club Sight & Hearing Chair will contact you to let you know if your application has been approved and tell you what to do next. Please write down the Sight and Hearing Chair's name and phone number in case you need to call them regarding the status of your application.

PLEASE NOTE: THERE MAY BE SERVICE FEES INCLUDED WITH THIS PROGRAM. PLEASE ASK YOUR LIONS CLUB.





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Applicant First Name	Applicant Last Name	Date of Birth	Phone Number
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Section 4: Club Contact Information

MAIL FORM TO: If This Section is Not Filled Out, **Call 971-270-0203** for Referral to a Local Lions Club.

Lions Club	Sight & Hearing Chair Name			Sight & Hearing Chair Phone
Mailing Address	City	State	Zip Code	Sight & Hearing Chair Email Address

Section 5: Audiologist Referral and Authorization of Services by Lions Club

Clinic/Doctor Referred To	Clinic Phone	Address of Clinic		
The Lions Club will pay for the following services (only those checked) at our pre-approved rate: <input type="checkbox"/> Hearing Exam <input type="checkbox"/> Ear Molds <input type="checkbox"/> Hearing Aid Fitting <input type="checkbox"/> Earwax Removal \$ ____ . ____				Refurbished Aid <input type="checkbox"/> Starkey/Sonic Innovations Aid <input type="checkbox"/> How many _____
Authorized Lions Club Signature			Date Authorized	

Section 6: Billing Information for Services Authorized by Lions Club

Lions Club	Club Treasurer			Club Treasurer's Phone
Mailing Address	City	State	Zip Code	Club Treasurer's Email
Date Invoice Received	Total Cost	Date Invoice Paid	Check Number	

Sight & Hearing Chair: send form to Audiologist after approval from Oregon Lions Sight & Hearing Foundation.

Section 7: Hearing Aid Supplier Information

After the exam, the local provider should send the approved *Application for Hearing Exam and/or Hearing Aid* form, with hearing test/aid specifications and ear impression(s), (if applicable), to the hearing aid provider selected below:

<p align="center">REFURBISHED HEARING AID BANK RJS Acoustic Services, Inc., PO Box 821090 Vancouver, WA 98682 FAX (360) 885-0431 or 1-800-826-3180 or rjsch@teleport.com After receiving the order from the audiologist, the Oregon Lions Sight & Hearing Foundation will bill the client for the refurbishing and shipping of the hearing aid(s), which also covers a six month warranty, and after payment is received, RJS will rebuild and ship the appropriate hearing aid(s) to the audiologist.</p>	<p align="center">STARKEY/SONIC INNOVATIONS HEARING AID BANK Oregon Lions Sight & Hearing Foundation, 1010 NW 22nd Ave., STE #144, Portland, OR 97210 FAX (503) 413-7522 or info@olshf.org After receiving the order from the audiologist, OLSHF will bill the client for the Starkey Aires or Sonic Innovations Cheer brand BTE hearing aid(s) and the shipping, which also covers a one to three year warranty, and after payment is received, OLSHF will ship the hearing aid(s) to the audiologist.</p>
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OLSHF Use Only

Application	Authorized OLSHF Signature	Approved Stamp
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

