Sight & Sound Program

APPLICATION 2025-2026

Valid July 1, 2025 through June 30,2026

LIONS

Sight & Hearing

Foundation of New Hampshire, Inc.

LIONS

Sight & Hearing

Foundation of New Hampshire, Inc.

Dear Applicant,

Thank you for contacting ***Sight & Sound*** of the LIONS Sight & Hearing Foundation of New Hampshire, Inc. for your cataract surgery and/or hearing assistance. We exist to provide assistance to those with *no other resources* to help them see or hear the world around them. The LIONS Clubs of New Hampshire support the efforts of this endowment as do the participating healthcare providers located around the state. Their involvement is crucial to the success of this program and we truly appreciate their efforts in this process. If your need is restricted to eyeglasses, there is a separate application form.

Eligibility to the ***Sight & Sound*** Program is based on the applicants lack of ability to fund these services on their own. If you have the ability to purchase hearing aids or eyeglasses or vision services through any of the following resources such as: a family member, checking or savings accounts, mutual funds, 401 (k) plans, IRA accounts, CDs (certificates of deposit), stocks, bonds, treasury bills, property or any other instrument of value, then these avenues should be pursued instead of making an application to this program. ***Sight & Sound*** reviews all resources in determining your level of assistance. Our goal is to help those who truly cannot help themselves. As such, the hearing aids, eyeglasses and vision care will be of a quality commensurate with the hopes of helping as many people as possible within the limits of the funding of the endowment and the support of the LIONS Clubs of the state of New Hampshire. **This should be viewed as a program of last resort.**

The applicant will contact their nearest LIONS club to initiate the process this application. A processing fee of $50 from the applicant and a minimum of $150 from the sponsoring Lions Club, should accompany this application when submitted to the sponsoring Lions Club. The sponsoring LIONS Club will then submit the application to the Lions Sight & Hearing Foundation for review and approval. Every application will be reviewed for eligibility and should the application fail to meet all of the eligibility requirements, the processing fee may not be returned. We make every effort to assist those who truly need assistance. Should you have any questions, please feel free to contact the Project Coordinator, Lion Francis Caron, 144 Lancaster Farm Rd, Salem, NH 03079 E-mail: frncscaron51@gmail.com **Mail completed application to the sponsoring Lions Club.** If unable to reach a Lions Club, mail to:
Lion Francis Caron, 144 Lancaster Farm Rd, Salem, NH 03079

INFORMATION TO CONSIDER **BEFORE** COMPLETING THE *SIGHT & SOUND* APPLICATION

1. Income Guidelines: All income figures are NET. Net means the amount you actually receive in your check(s) regardless of the source. You can qualify if you are earning less than these annual incomes:

HOUSEHOLD	INCOME

2. Income Qualification Table:

Household Size	Maximum Net Annual Income
1 person	$31,300
2	$42,300
3	$53,300
4	$64,300

3. Application and Order Processing Fee: $200 (Minimum $150 paid by the sponsoring LIONS CLUB & $50 paid by applicant).

4. Residence: Applicant must be sponsored by a LIONS CLUB chartered/located within the State of New Hampshire. Applicant either must either reside in NH or be in a neighboring town covered by a sponsoring NH Lions Club.

5. **In determining eligibility, *Sight & Sound* Program considers the following:** all available funds, assets, and hearing and/or vision loss.

   a. Household Size (Household is defined as those living together or dependent on each other).

   b. Net Monthly or Annual Income from all in the household who have income. **Possible sources of income are:**

   - Social Security
   - Child Support
   - Welfare
   - Work Pension
   - Black Lung Payments
   - and SSI
   - Public Assistance
   - TANF Wages
   - Interest from Stocks,
   - VA Premium
   - Alimony
   - Disability
   - Old Age Pensions
   - IRAs, 401(k)s

   c.

   Assets (include, but not restricted to)

   - Checking
   - Annuities
   - Savings
   - Stocks / Bonds
   - Money Market Accounts
   - IRA / 401(k)
   - CDs
   - Reverse Mortgage
   - Home Equity Line
   - Property

LIONS Sight & Hearing Foundation of NH's *Sight & Sound* Program reserves the right to change eligibility criteria without prior written notice.

HOW TO COMPLETE THE PROCESS

1. **Review and understand the application completely.**

2. **Contact the LIONS club nearest your home.**
   - To find the LIONS club nearest your home, go to: http://nhlions.org/links.html, and click the link to the website for the club.
   - Call the President or Health Liaison of the LIONS club nearest your home. Ask them if they would sponsor your application. If
   - no response from the LIONS club you contacted, call Lion Francis Caron, at 978-314-8364 to discuss your eligibility.

3. **Find a vision or hearing health care provider in your area who works with the *Sight & Sound* Program.**
   This application provides you a list of health care providers currently associated with the *Sight & Sound* program.

- If there is a health care provider you would like to work with and they not on the enrolled list of providers and they are not on the l=enrolled list of providers, , feel free to refer them to the Sight & Hearing Foundation of New Hampshire, Inc.

4. **Schedule an appointment with the health care provider. See Page 10 - List of Healthcare Practitioners.**
   - Obtain a copy of your hearing/vision test results from the health care provider and include with this application.
5. **Complete pages 5, 6, 7 and 8. If you need more room for any additional explanation, attach blank paper filled with whatever you need. NOTE: the applicant's signature is required on page 8.**
6. **Complete Page 9 - Provider Section.**
   - Page 9 - The primary care provider must sign the top for cataract surgery OR the applicant must sign the bottom for hearing aids.
7. **Collect and attach income information for all those in the household.**
8. **Collect and attach copies of current tax returns and bank statements.**
   - Tax return must be no older than one year - include all W2's and 1099's.
   - Most recent bank statements are needed for each account belonging to each individual in the household.
   - A copy of each page of each statement is required including copies of checks associated with the bank statement.
9. **Collect the other necessary support documentation as outlined on page 3.**
10. **Include a Money Order or Cashier's Check for the applicants portion of the processing fee: $50** Make payable to: **LIONS Sight & Hearing Foundation of NH, Inc.** Personal checks will not be accepted.
11. **Please do not send original documents as they will NOT be returned.**
12. **Submit application, supporting documentation and payment to your sponsoring LIONS club.**
    - Submission can be sent to the President of the LIONS club or to the Health Care Liaison, in person or by mail. Mailing
    - address of the LIONS club can be found at: http://nhlions.org/links.html.
13. **LIONS club will complete the Request for Funding and send the complete application to the LIONS Sight & Hearing Foundation of New Hampshire, Inc. for review and consideration.**
    - Please allow several weeks for processing as the foundation Board of Directors meets once a month.
    - Incomplete applications will be returned to the applicant.
    - You will be notified through the LIONS club if additional information is required to complete the application process.
    - LIONS Sight & Hearing Foundation of NH, Inc. *Sight & Sound* Program reserves the right to change criteria at any time without prior written notice.

GENERAL INFORMATION

(Please Print Clearly)

PROJECT #:

(For use of S&H Foundation only)

Date: _____

Applicant's Name: First_____ Last _____

Date of Birth: _____ Age: _____ Social Security #: _____ ◯ Male ◯ Female

Marital Status: ◯ Married ◯ Single ◯ Divorced ◯ Widowed ◯ Separated.

Number in Household: _____ (Household is defined as all those living together or dependent upon each other.)

Current Address:

Street: _____

Apt or Unit # (if applicable): _____

City: _____ County: _____

State: _____ Zip Code: _____

# of years at this address: _____

Previous Address:

Street: _____

Apt or Unit # (if applicable): _____

City: _____ County: _____

State: _____ Zip Code: _____

# of years at this address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If applicant is a Minor, Parent/Guardian's Name(s): _____

Person, if other than applicant, completing this form. If Minor, list Parent/Guardian's Information

Name: _____ _____ Relationship to Applicant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

INCOME

If applicant is a Minor, list Parent/Guardian's income information.

List all sources of income (salary, social security, alimony, child support, pension, stocks, bonds, etc.) for all in the household.

Applicant:

A. _____ $_____ Month or Year (circle one)

B. _____ $_____ Month or Year (circle one)

Spouse / Other:

C. _____ $_____ Month or Year (circle one)

D. _____ $_____ Month or Year (circle one)

ADDITIONAL INFORMATION

Applicant Name: _____

MARK 1 BOX FOR EACH ITEM. Unanswered questions will delay the process.

Do you currently have:	**YES**	**NO**	
Current Tax Return (filed within last year)	◯	◯	If yes, provide copy with all W2's and 1099's. If NO, please explain.
Checking Account	◯	◯	If yes, provide all pages, 3 months current bank statements. .
Savings Account	◯	◯	If yes, provide all pages, 3 months current bank statements. .
Credit Card(s)	◯	◯	If yes, provide most recent statement (s).
CD(s)	◯	◯	If yes, provide most recent statement (s).
Stocks / Bonds	◯	◯	If yes, provide most recent statement (s).
Annuity	◯	◯	If yes, provide most recent statement (s).
IRA / 401k	◯	◯	If yes, provide most recent statement (s).

Money Market Account(s)	◯	◯	If yes, provide most recent statement (s).
Burial Account	◯	◯	If yes, provide most recent statement (s).
Do you live in subsidized housing?	◯	◯	If yes, provide documentation approval notice & rent amount.
If you own your home, how much are your property taxes? _____			Send current statement.
Are you a Medicaid recipient?	◯	◯	If yes, what is card #:_____ Spend down amount:_____
Are you a TANF recipient?	◯	◯	If yes, when does coverage end?_____ How much: _____
Permanently Disabled	◯	◯	
Senior Citizen (age 65 & older)	◯	◯	If yes, what is Medicare card #: _____
Income Assistance	◯	◯	If yes, describe: _____
Insurance Coverage	◯	◯	If yes, describe: _____
Have you ever used the Lions Sight & Sound Program?			If yes, describe: _____ Please include date service was provided

EMPLOYMENT INFORMATION

Employment Status: ◯ Employed ◯ Other ◯ Refired Occupation:

Name of Current Employer:_____ Date Hired: _____

Phone: _____ Time employed: _____ (Years / Months) Date Left: _____

Name of Previous Employer:_____ Date Hired: _____

Phone: _____ Time employed: _____ (Years / Months) Date Left: _____

HOUSEHOLD INFORMATION

Household is defined as all those who live together or are dependent on each other.

Number in Household: _____ List names of individuals in household. **Use additional paper if necessary.**

Name	Relationship	Age of Person	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIOUSEHOLD EXPENSES—MONTHLY

Apartment Rent / Mortgage Payment: _____ and/or Amount paid by Section 8: _____

Heat & Electric: _____ Fuel Assistance Received: _____ Food Allowance Received: _____

Recurring Medical Expenses:_____ Vehicle Expenses: _____

Other Expenses: _____

RELEASE OF INFORMATION

I, the undersigned applicant/patient, understand I must work within the guidelines of the *Sight & Sound* Program of the LIONS Sight & Hearing Foundation of NH, Inc. a charitable non-profit 501(c)(3) and I agree to act in a civil and courteous manner with all people who are working to provide me with this treatment at liftle to no cost depending on the individual case. I also have been advised and understand follow-up care is critical to my successful treatment & recovery. Failure to attend follow-up appointments with the practitioner will jeopardize my treatment & recovery. I submit to *Sight & Sound* concerning my annual income, family size, family resources, insurance, medical history and all financial information are subject to verification by the LIONS Sight & Hearing Foundation of New Hampshire, Inc. and/or their agents. This verification will be done by phone, letter, email and/or credit check and **I hereby authorize your requesting my credit report**. **I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance at any point during the process.** I hereby authorize any individual or organization to release to the *Sight & Sound* Program any information necessary to confirm statements made in this application. **I agree to hold *Sight & Sound Program*, LIONS Sight & Hearing Foundation of NH, Inc. and any LIONS CLUB of NH harmless from any injury resulting from treatment paid by them or associated with this application. I also understand that there are no expressed or implied services other than an exam and/or hearing aids.**

Applicant Signature: _____ Applicant Signature: _____

PRINT Name: _____ PRINT Name: _____

Date:_____ Date: _____

(If applicant is a Minor, Parent / Guardian signature required)

If signed by Power of Attorney, (POA), please send copy of POA. The laws of the state of New Hampshire shall govern the resulting transaction and any claim or dispute arising out of such transaction.

AUTHORIZATION TO USE AND DISCLOSE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN APPLICATION & TREATMENT

Application records that identify you will be kept confidential as required by law. Under federal privacy regulations, you have the right to determine who has access to your personal health information (called "PHI") which provides safeguards for privacy, security and authorized access. PHI collected in this application may include your medical history, results of physicals exams, lab tests, x-ray exams, other diagnostics and treatment procedures, as well as basic demographic information. The following individuals will or may have access to identifiable information related to your participation in this treatment process. Representatives from the sponsoring LIONS Club may review your PHI for the purpose of determining and making application for financial assistance. Reviewers will also include representative(s) of the Sight & Sound Program, the LIONS Sight & Hearing Foundation of New Hampshire, Inc. and healthcare practitioners for the purpose of monitoring the accuracy of the application, treatment and follow-up process. LIONS Sight & Hearing Foundation of New Hampshire, Inc. may review your PHI as part of its responsibility to ensure the funding process is implemented as directed by the Board of Directors of the LIONS Sight & Hearing Foundation of New Hampshire, Inc. Your PHI will not be used or disclosed to any other person or entity, except as required by law, or for authorized oversight of this application & treatment process. Please be aware that once PHI is disclosed, there is the possibility that your personal health information may no longer be protected by applicable privacy laws and regulations.

The application and treatment information will be retained in your research record for a minimum of six years or until such

time as further treatment is not required, whichever is longer. At that time either the application information not already in your medical record will be destroyed or information identifying you will be removed. Any application or treatment information obtained in your medical record may be kept indefinitely.

This authorization does not expire. At anytime, you may cancel this authorization in writing by contacting the principal administrator listed on the first page of the application form. If you decline to provide this authorization, you will not be able to participate in the funding of this treatment. If you cancel the authorization, then you will be withdrawn from the treatment process. However, information gathered before the cancellation date may be used if necessary in completing the treatment or any follow-up for this treatment.

In accordance with the USA Health System Privacy Notice document, you are permitted to obtain access to your PHI collected or used in this application or treatment. Such access will be granted upon written request submitted to the Project Coordinator of the Sight & Sound Program.

I, _____ have read and understand the HIPAA information provided. I agree to make any and all information provided available to the Sight & Sound Program, LIONS Sight & Hearing Foundation of New Hampshire, Inc., sponsoring LIONS Club and those practitioners involved in the diagnosis, treatment and financial assistance as initiated by the making and submission of this application.

_____ _____

Signature of Applicant Date

Either Section A or Section B MUST be signed to complete this application.

A MEDICAL CLEARANCE FOR HEARING AID USE and/or VISION CORRECTION

To be signed by the client's Primary Physician

Patient Name (please print): _____

The patient listed above has been medically examined and may be considered a candidate for:

◯ Hearing Aid Use ◯ Vision Correction

Physician Name (please print): _____

Physician Signature: _____ Date: _____

B WAIVER OF MEDICAL CLEARANCE FOR HEARING AID USE ONLY

To be completed and signed by the client

Client Name (please print): _____

I understand that it is in my best interest and recommended by *Sight & Sound* and the Food and Drug Administration to receive a medical examination before acquisition of hearing aids. I choose not to receive a medical examination before acquiring hearing aids.

Client Signature: _____ Date: _____

Hearing Practitioners—Contact List

Call to make appointment—must be Sight & Sound Program

Advanced Hearing Center	**info@hearingcenternh.com Contact: Dr. Emma Michaud**		
	288 South River Road, Suite 1A, Bedford, NH 03110	**(603) 595-4800**	
	14A Tsienneto Rd, Suite 305, Derry, NH 03038	**(603) 669-0831**	
Androscoggin Valley Hospital	**WWW.auhnh.org Contact: Dr. Shannon Frye, A U D,CCC**-A		**(603) 752-2300**
Audiology and Hearing Aids Clinic	59 Page Hill Rd, Berlin, NH 03570	**Fax**	**(603) 326-5771**
Aria Hearing LLC	**www.ariahearing.com**	**Contact: Mrs. Chris Gulick, HIS**	
	18 Mascoma St. Lebanon, NH 03766		**(603) 727-9210**
	9 Elm St. Littleton, NH 03561		**(603) 444-2895**
Audio 'D' & Finetune	**www.finetonehearing.com**	**Contact: Dr. Ted Gauthier**	
Office Mgr.: Dr. Ted Gauthier	885 Roosevelt Trail, (Rte 302) Windham, ME 04062	**(207) 893-2930**	
Office Mgr.: Dr. Ted Gauthier	152 Rte 1, Suite #14, Scarborough, ME 04074 (behind Lois' Market)		**(800) 643-2900**
Dr. Woods Hearing Center	**www.drwoodshearing.com**	**Contact: Dr. Jessica L. Woods**	
Office Mgr.: Cameron Mills	15 Tsiennefto Road, Suite 10, Derry, NH 03038		**(877) 278-2032**
	547 Amherst St Suite 204 Nashua, NH 03063	**(603) 889-7434**	
Hearing Aid Shop	**www.thehearingaidshop.com**	**Contact: Dr. Jessica Williams**	
Office Mgr: Jessica Williams	22 Glendon Street, Wolfeboro, NH 03894	**(603) 569-2799**	
	1529 White Mountain Highway, North Conway, NH 03860		**(603) 356-0172**
Hearing Enhancement Centers	**www.hearclearnow.com**	**Contact: Al Langley & Latoya Beck**	
Office Mgr.: Latoya Beck	230 North Main St. Concord, NH 03301	**(603) 230-2482**	
Office Mgr.: Latoya Beck	36 Country Club Road, Gilford, NH 03249	**(603) 524-6460**	
Office Mgr.: Latoya Beck	5 Museum Way, Rochester, NH 03867	**(603) 749-5555**	
New Hampshire Hearing and Balance	**www.nhdizzy.com**	**Contact: Dr. Sally Fodero**	
Office Mgr.: Mark Fodero, HIS	655 Portsmouth Avenue, Greenland, NH 03840	**(603) 436-4655**	
Professional Audiology	330 Borthwick Ave, Suite 209, Portsmouth, NH 03801		**(603) 436-8668**
	62 Portsmouth Ave. Unit 10, Stratham, NH 03885	**(603) 778-7620**	
Renew Hearing	**www.renewhearing.net**	**Contact: Dana & Lori Faneuf**	
Office Mgr.: Anne	750 Lafayette Road, Suite 2, Portsmouth, NH 03801	**(603) 319-1701**	
Miracle Earkboehm@fraiserenterprises.com			
	133 Louden Rd. #19 Concord, NH 03301	**603-229-1768**	

Family Hearing Center

Family Hearing Center	12 Yeaton Road Unit C4 Plymouth, NH 03264	603-728-7202
Family Hearing Center	150 Old County Rd. Unit 3 Littleton, NH 03561	603-259-1977
Family Hearing Center	**67 Water St, Unit 203 Laconia, NH 03246**	**603-259-1977**

Clear choice Hearing

Clear Choice Hearing	**15 Constitution Drive, Bedford-NH-**	**603-321-4826**

Vision Practitioners—Contact List

Call to make appointment—must be Sight & Sound Program

Laconia Eye & Laser Center	**www.laconiaeye.com**	**Contact: Dr. Andrew Garfinkle, Dr. Douglas Scoft**	
Office: Toni Fusaro, CMPE, Admin	368 Hounsell Ave, Gilford, NH 03247		(603) 524-2020
	607 Tenney Mountain Highway, Plymouth, NH 03264		(603) 536-2744
NH Eye Associates	**www.nheyeassociates.com**	**Contact: Jennifer Griffin or Dr. Kimberly Licciardi**	
Office: Jen Griffin x246	1415 Elm Street, Manchester, NH 03101		(603) 669-3925
	25 Buttrick Road, Bldg. C, Unit 3, Londonderry NH 03053-3352		
	c/o Bedford Ambulatory Surgical Center, 11 Washington Place, Bedford NH 03110 (603) 622-3670		

The Eye Center of Concord **www.eyeconcord.com** **Contact: Dr. Maxwell Snead**
Office: Stacy Ballard - Billing 2 Pillsbury Street, Concord, NH 03301 (603) 228-1114
Office: Genevieve Hartwick
- Surgical Coordinator