



**MASSACHUSETTS LIONS
DISTRICT 33-S
HEARING FOUNDATION, INC.**



**Audiology Service Program Procedures and Application
Effective July 01, 2024**

Program Purpose: To identify residents of District 33-S who are in need of a professional hearing evaluation and/or hearing aid/s who qualify for the program. For such persons, services are provided by either the Spaulding Rehabilitation Hospital of Cape Cod - Audiology Department, Ascent Audiology of Somerset and Dartmouth, and RosesHearing of Taunton and Braintree, MA.

Qualifications: A resident of District 33-S whose household income does not exceed 300% of the current year's Federal Poverty Guidelines, which can be found at <http://aspe.hhs.gov/sites/default/files/documents/7240229f28375f54435c5b83a3764cd1/detailed-guidelines-2024.pdf>. Income includes for example - pay, social security benefits, pensions, or any benefits that supplements monthly or yearly income.

A qualifying person must be sponsored by a Lions Club. It is the responsibility of the Lions Club to complete this application, verify and attest to its accuracy and provide a \$ 50.00 donation payable to "Lions District 33-S Hearing Foundation, Inc."

Completed applications are mailed to:
Mass Lions District 33-S Hearing Foundation
PO Box 249
Somerset, MA 02726

PLEASE NOTE: Review this 4-page document for there are changes from the prior one. Doing page 4, the Lions Check-list, will hopefully avoid an incomplete application which will be returned. Children under the age of 21 are usually covered by insurance for hearing aids in Massachusetts and therefore, would not qualify for this program. Adults with MA Health Standard Insurance and MA Health Advantage plans may also be covered for hearing aids and should check with their insurance plans. Inform applicants that are approved for the program may need to provide a physician's order for audiological testing and medical clearance for hearing aid use.

DISTRICT 33S HEARING HOUNDATION
PO BOX 249
SOMERSET, MA 02726

Lions District 33-S Hearing Foundation Application

Applicant would like to be seen in:

TAUNTON _____ SANDWICH _____ SOMERSET _____ DARTMOUTH _____ BRAINTREE _____

SPONSORSHIP: The _____ Lions Club voluntarily agree to participate and sponsor the undersigned applicant in the Massachusetts District 33-S Hearing Aid Program.

APPLICANT:

Name of Applicant: _____ Date of Birth _____

Address: _____ City _____ State & Zip _____

Home Phone: _____ Cell: _____

E-mail: _____

Are you using or have used Hearing Aids? _____ Yes _____ No

Alternate contact person and phone #: _____

INSURANCE: COPIES of all cards are required. Applicant to check if the plan covers all or partial or no coverage for hearing aids. Do you have MassHealth, Wellenses, or Other State Insurance -

Yes _____ No _____

Primary Insurance: _____ Member # _____

Secondary Insurance: _____ Member # _____

Providers reserve the right to investigate and verify all possible sources of reimbursement before submitting a bill to the Hearing Foundation.

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INCOME VERIFICATION****

Number of persons living in household: _____

Total income of household: _____ monthly

*****The income of each member of household must be verified by the following: copies of ALL bank & checking statements from the 4 (four) previous months and a copy of the most recent Federal & State 1040 tax returns.**

For example, income includes pay checks, social security benefits, pensions, or any benefits that supplements monthly or yearly income. Blackout All Social Security Numbers.

All personal information is held in the strictest confidence. All documents are only reviewed by the Lion D33S Hearing Foundation Board, and all financial documents are shredded after the review of the application.

The Lions Clubs may not seek any contribution from the applicant for the cost of this application or toward any services provided as a result of approval.

ATTESTATION: With my signature, I attest that all information provided is true and accurate to the best of my knowledge. I know all information is kept confidential, and all financial documents are destroyed- shredded – after the review of my application. I've blackout all Social Security numbers. I also know I may need to provide a physician's order for audiological testing and medical clearance for hearing aid use.

Applicant Signature: _____ Date: _____

Lions Club Pres. or Hearing Chair _____ Date: _____ Phone _____

Hearing Foundation Approved _____ Disapproved and/or On Hold _____

Reason: _____

Hearing Foundation President _____ Date _____

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CHECKLIST FOR LIONS' CLUBS

How to apply for a Hearing Evaluation and Hearing Aids.

- Download the LATEST application (Rev. July 01, 2024) from District 33-S website**
- Download income guidelines from**

<http://aspe.hhs.gov/sites/default/files/documents/7240229f28375f54435c5b83a3764cd1/detailed-guidelines-2024.pdf>
- Meet with applicant and complete all required information on the application.**
- Inform applicant that the 4 (four) previous months' bank & checking statements and the last Federal & State tax returns for each member of the household must be provided and forwarded with the application. Blackout All Social Security numbers.**
- A copy of all current insurance cards is required with each application.**
- Application must be signed by applicant, hearing chairperson and/or Club president**
- Check for \$50.00 payable to "Lions District 33S Hearing Foundation Inc." from the Lions Club must accompany application**
- Make sure there are no blank spaces and applicant's complete address is listed.**
- Mail everything to the address on page 1. Be sure to write PO Box 249 and NOT just Box 249, and place tape over the metal clasp on the envelope.**

The Board of the Hearing Foundation meets on the second Tuesday of every month. Incomplete applications will delay processing.