



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



**Audiology Service Program Procedures and Application
Effective June 8, 2021**

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 Speech, Hearing and Language Center of Morton Hospital, a Steward Family Hospital, Inc., Spaulding Rehabilitation Hospital of Cape Cod, and Ascent Audiology of Somerset and Dartmouth.

Qualifications: A resident of District 33-S whose household income does not exceed 250% of the current year's Federal Poverty Guidelines, which can be found at <http://familiesusa.org/product/federal-poverty-guidelines>

Such 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 \$200.00 donation payable to "Lions District 33-S Hearing Foundation, Inc.".

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

PLEASE NOTE: Incomplete applications 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 are also covered for hearing aids and do not qualify for this program. Persons approved for the program will need to provide a physician's order for audiological testing and medical clearance for hearing aid use. All personal information is held in the strictest confidence.

Lions District 33-S Hearing Foundation Application

Applicant would like to be seen in:

TAUNTON _____ SANDWICH _____ SOMERSET _____ DARTMOUTH _____

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: _____

Home Phone: _____ Cell: _____

E-mail: _____

Alternate contact person and phone #: _____

INSURANCE: PLEASE NOTE: Health insurance coverage is so varied that a copy of the applicant's current insurance cards must be provided with the application.

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.

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 bank statements from the three previous months and a copy of the most recent federal tax return. No exceptions. 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:

Applicant Signature: _____ Date: _____

Lions Club President or Hearing Chairperson _____ Date: _____

Hearing Foundation Approved _____ Disapproved and/or On Hold _____

Reason: _____

Hearing Foundation President _____ Date _____

CHECKLIST FOR LIONS CLUBS

How to apply for a Hearing Evaluation and Hearing Aids.

- Download the LATEST application (Rev. 6/8/21) from District 33-S website**
- Download income guidelines from**
<http://familiesusa.org/product/federal-poverty-guidelines>
- Meet with applicant and complete all required information on the application.**
- Advise applicant that three months' bank statements and the last federal tax return for each member of the household must be provided and forwarded with the application.**
Account numbers and social security numbers may be blacked out.
- A copy of all current insurance cards is now required with each application.**
- Application must be signed by applicant, hearing chairperson and club president**
- Check for \$200.00 must accompany application**
- Make sure there are no blank spaces**
- Mail everything to the address on page 1.**

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