

# The Lions Hearing Conservation Society of NYS

## Affordable Hearing Aid Program

### Recipient Application Form

**Please note:** *If you qualify for Medicaid, this Lions program is not available to you.*

*If you are a veteran, please contact the VA Healthcare System to determine VA eligibility*

**APPLICANT:** \_\_\_\_\_ Date of application: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_(\_\_\_\_)\_\_\_\_\_ Email: \_\_\_\_\_

Applicant is: ☐ Employed at \_\_\_\_\_

☐ Retired ☐ Unemployed ☐ Other \_\_\_\_\_

☐ A student in grade \_\_\_\_\_ at \_\_\_\_\_ school

*If applicant is a minor, complete the following 6 lines:*

☐ Parent or ☐ Guardian's name: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Employed at \_\_\_\_\_

☐ Retired ☐ Unemployed ☐ Other \_\_\_\_\_

**OTHERS IN HOUSEHOLD:** ("Household" means all those financially dependent on each other.) List the names of those other than the ones above. If more room is needed, use another sheet of paper.

Name	Relationship to applicant	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently wear a hearing aid? ☐ Yes ☐ No If yes, why do you need a new hearing aid?

**INSURANCE:** List all health insurance policies, including Medicare, Medicaid, Child Health Plus, etc):

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Other information we should know about your situation: \_\_\_\_\_

**TOTAL MONTHLY GROSS INCOME IN HOUSEHOLD**

("Gross" means total income before taxes or deductions)

Salary of Candidate \$ \_\_\_\_\_

Salary of Spouse \$ \_\_\_\_\_

Salary of Parent \$ \_\_\_\_\_

Social Security Benefits \$ \_\_\_\_\_

Pension (From Where?) \$ \_\_\_\_\_

Food Stamps \$ \_\_\_\_\_

Investment Income \$ \_\_\_\_\_

Alimony, child Support, etc. \$ \_\_\_\_\_

Other Income (Explain) \$ \_\_\_\_\_

**AVERAGE MONTHLY HOUSEHOLD EXPENSES**

Rent or Mortgage \$ \_\_\_\_\_

Utilities, incl phone & cable TV \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Medical, including prescriptions \$ \_\_\_\_\_

Car/Transportation \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Home or tenant insurance \$ \_\_\_\_\_

Car insurance \$ \_\_\_\_\_

Health insurance \$ \_\_\_\_\_

Life and other insurance \$ \_\_\_\_\_

Charge acct & credit card paymts \$ \_\_\_\_\_

Taxes \$ \_\_\_\_\_

Other (explain) \$ \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL MONTHLY INCOME \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

**ASSETS:** Do you own your own home? ☐ Yes ☐ No If YES, your total ANNUAL Property Taxes \$ \_\_\_\_\_

TOTAL VALUE OF ALL OTHER ASSETS (bank accounts, stocks & bonds, bank CDs, etc.) \$ \_\_\_\_\_

**Applicant (or Parent/Guardian) Must Read and Sign This Statement:**

I fully understand these services are limited to individuals unable to pay for or receive hearing aids from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that a hearing aid billed to me prior to the approval of this application will not be paid for by this service.

I also understand my application may be reviewed by the Lions Club and hearing professionals.

These forms will be kept on file by the local Lions, the hearing-care professional and the LHCS. The documents will be kept confidential and not shared with third parties, such as insurance companies.

All information on and attached to this application is true and correct to the best of my knowledge.

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**Applicant Signature** (Parent/Guardian signature if person is under 18)

**Date**

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**Witness Signature**

**Date**

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**Audiologist's Report:**

Date: \_\_\_\_\_

Audiologist: \_\_\_\_\_

Corporate name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Recommendations:** Hearing aids req'd: ☐ One ☐ Two See page 4 for approved Oticon models

Oticon Model No: \_\_\_\_\_ Style: \_\_\_\_\_ Color: \_\_\_\_\_ Speaker: \_\_\_\_\_ Dome: \_\_\_\_\_

Other comments: \_\_\_\_\_

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

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## **Oticon Product list – effective February 23, 2023**

### **Products:**

Real miniRITE/miniBTE T  
Real miniRITE/miniBTE R (with charger)  
More 3 miniRITE/miniBTE T  
More 3 miniRITE/miniBTE R (with charger)  
Zircon 1 miniRITE/miniBTE T  
Zircon 1 miniRITE/miniBTE R (with charger)  
Zircon 2 miniRITE/miniBTE T  
Zircon 2 miniRITE/miniBTE R (with charger)  
Own 3 IIC, CIC, ITC HS, FS  
Own 4 IIC, CIC, ITC HS, FS  
Opn S3 miniRITE, miniRITE-T, BTE PP  
Opn S3 miniRITE R (with charger)  
Ruby 1 miniRITE, miniRITE-T, BTE, BTE PP  
Ruby 1 miniRITE R (with charger)  
Ruby 2 miniRITE, miniRITE-T, BTE, BTE PP  
Ruby 2 miniRITE R (with charger)  
CROS miniRITE T  
CROS PX miniRITE-R (with charger)

### **Power Hearing Instruments:**

Xceed 3BTE SP/UP

### **Pediatric Hearing Instruments:**

Play PX2 miniRITE/miniBTE T  
Play PX2 miniRITE/miniBTE R (with charger)  
Opn Play 2 miniRITE, miniRITE-T, BTE PP  
Opn Play 2 miniRITE-R (with charger)  
Xceed Play 2 BTE SP/UP

### **Earmolds:**

RITE and Corda Molds  
RITE and Corda VarioTherm Molds  
RITE Soft Molds  
RITE miniFIT Power Molds  
MicroShell Mold

### **Products - ConnectLine Devices:**

ConnectCLIP  
ConnectLine Mic  
ConnectLine Phone Adaptor  
ConnectLine TV Adaptor  
EdiMicRemote Control  
Streamer Pro

### **Additional Items:**

miniRITE-R Charger  
SmartCharger  
T-coil & Auto T-coil

### **Additional Items:**

Repair with 6 mos. warranty  
Repair with 12 mos. warranty