

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

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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: _____

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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 \$ _____
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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.

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

Date

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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Return first three pages to:

Oticon Model Selection List

Rev date: May 7, 2020

Products

Opn S3 miniRITE
Opn S3 miniRITE-T
Opn S3 BTE PP
Opn S3 miniRITE R (with charger)
Opn 3 IIC
Opn 3 CIC
Opn 3 ITC HS
Opn 3 FS
Opn 3 miniRITE
Opn 3 miniRITE-T
Opn 3 Power Plus

Ruby 1 miniRITE
Ruby 1 miniRITE-T
Ruby 1 miniRITE BTE
Ruby 1 miniRITE BTE PP
Ruby 1 miniRITE-R (with charger)

Ruby 2 miniRITE
Ruby 2 miniRITE-T
Ruby 2 miniRITE BTE
Ruby 2 miniRITE BTE PP
Ruby 2 miniRITE-R (with charger)

Siya 1 IIC
Siya 1 CIC
Siya 1 ITC HS
Siya 1 FS
Siya 1 miniRITE
Siya 1 miniRITE-T
Siya 1 Power Plus

Siya 2 IIC
Siya 2 CIC
Siya 2 ITC HS
Siya 2 FS
Siya 2 miniRITE
Siya 2 miniRITE-T
Siya 2 Power Plus

CROS

Power Hearing Instruments

Xceed 3BTE SP/UP

Pediatric Hearing Instruments

Opn Play 2 miniRITE
Opn Play 2 miniRITE-T
Opn Play 2 miniRITE BTE PP
Opn Play 2 miniRITE R (with charger)

Xceed Play 2 BTE SP/UP
Sensei 312/13 BTE, RITE
Sensei SP

Ear Molds

RITE & Corda Molds
RITE & Corda VarioTherm Molds
RITE Hard Molds
RITE Soft Molds
RITE miniFit Power Molds

FM Systems

EdiMic
Amigo T30 Transmitter
Amigo T5 Transmitter
Amigo R2, R7, R12
Amigo R5 Receiver
Amigo Arc
Amigo Star

Accessories

ConnectClip
ConnectLine Mic
ConnectLine Phone Adaptor
ConnectLine TV Adaptor
Remote Control
Streamer Pro
miniRITE-R Charger
T-coil and Auto T-coil