



Celebrating 100 Years of Lionism

ROSEBURG LIONS CLUB
P O Box 686
Roseburg, OR 97470-0137

Phone: 541-229-6358

Applicant:

In order to process your application for hearing aid(s), we require the following:

Please return completed application with proof of income to the above address. This can be a copy of your W-2 or past two payroll stubs for wages earned and a **COPY OF ANY BENEFITS OR APPROVAL LETTER** for social security, disability, unemployment, food stamps, HUD housing etc. Applications received without the supportive documentation cannot be processed.

There is a fee of \$200 per ear required for hearing aid(s), which we may be able to help with, based on your financial status.

These are new hearing aid(s) and you will be required to be tested and fitted at our Audiologist at our expense. Should you feel a need for services elsewhere, we will be unable to help you with any costs involved.

Should you have any questions about the application process, our sight and hearing chairpersons can be reached at the following number: **541-229-6358**.

Thank you for your cooperation and patience.

Sincerely,

Diana Stewart
Roseburg Lions Sight and Hearing chairperson



Application for Hearing Services

FOR USE BY LIONS CLUBS ONLY



Applicant: Complete Sections 1 & 2 and submit this application along with any requested documentation to the Lions Club listed in Section 3.

You will be notified of your application status by the Lions Club Volunteer.

Applications are generally processed within several weeks but are dependent on staff and volunteer availability.

Your patience with this volunteer driven effort is appreciated.

PLEASE NOTE: THERE MAY BE SERVICE FEES INCLUDED WITH THIS PROGRAM. PLEASE ASK YOUR LIONS CLUB.

Section 1: Applicant Information (please print)

Request for: Hearing Test Hearing Aid(s) Only (I have a current hearing test/audiogram)

Applicant First Name (legal)		Applicant Last Name		Applicant First Name (preferred)		Applicant Date of Birth	
Home Address (if houseless, where do you usually reside)			Apt. #	Phone #		Alternative Phone #	
City		State	Zip Code	County	Email Address		
Mailing Address (If Different from Home Address)				City		State	Zip Code
Number of People in Household?		Occupation:		Preferred Written or Spoken Language(s):			
Who Can We Call With Questions?							
<input type="checkbox"/> Yourself		<input type="checkbox"/> Other Name:		Phone Number:		Relationship to You:	
PLEASE NOTE: YOUR APPLICATION WILL NOT BE REVIEWED UNLESS PROOF OF INCOME IS INCLUDED.							
Proof of income may be: pay stubs from the last 2 recent pay periods, current DHS/TANF/SSI/Disability award letters, food stamp benefit letter, or awards letters from other government or state assistance programs.							
MONTHLY GROSS INCOME (Before Taxes and Deductions)				INSURANCE INFORMATION			
Applicant Wages	\$	Do you have Hearing Insurance?		Yes	No		
Spouse/Domestic Partner's Wages	\$	If Yes, explain why you are requesting help from the Lions?					
Welfare Benefits	\$						
Social Security/Disability	\$	When was your last hearing exam/test?					
Food Stamps	\$	Name of the Provider/Clinic?					
Other	\$						
TOTAL Monthly Income	\$						





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Applicant will owe the following amount prior to being fit with their hearing aids: \$ _____ PER AID

Section 2: Authorization for Release of Information

By signing below, I authorize the Lions Club listed in Section 4, the Oregon Lions Sight & Hearing Foundation, and their qualified partners to receive my financial and hearing related medical information. I understand that I may revoke this authorization in writing at any time by sending a signed and dated written statement, except to the extent that the organization(s) named above may have acted in reliance on this authorization. I have had the opportunity to read and consider the contents of this authorization.

Applicant or Guardian Signature	Date
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Applicant First Name (legal and preferred)	Applicant Last Name	Date of Birth	Phone Number
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Home Address	E-Mail Address
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Section 3: Club Contact Information (to be completed by club representative)

If This Section is Not Filled Out Please complete the "GET HELP" Form at OLSHF.ORG and you will be connected with your local Lions Club.

MAIL FORM TO:

Lions Club	Sight & Hearing Chair Name	Sight & Hearing Chair Phone
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Mailing Address	City	State	Zip Code	Sight & Hearing Chair Email Address
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Section 4: Provider Referral and Authorization of Services (to be completed by club representative)

Clinic/Doctor Referred To	Clinic Phone	Address of Clinic
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The Lions Club will pay for the hearing exam & hearing aid fitting at our pre-approved rate: \$ ____ . ____

Earmolds and ear impressions are covered by funds available through the Oregon Lions Sight & Hearing Foundation (if checked)

Authorized Lions Club Signature	Date Authorized
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Section 5: Billing Information for Services (to be completed by club representative)

Lions Club	Club Treasurer	Club Treasurer's Phone
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Mailing Address	City	State	Zip Code	Club Treasurer's Email
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Date Invoice Received	Total Cost	Date Invoice Paid	Check Number
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Oregon Lions Sight & Hearing Foundation Use Only

Application Status	Authorized OLSHF Signature/Approval Stamp with date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending	

