



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		Applicant Last Name			Applicant Date of Birth		
Home Address			Apt. #	Phone #		Alternative Phone #	
City		State	Zip Code	Email Address			
Mailing Address (If Different from Home Address)				City		State	Zip Code
Number of People in Household?	How Long Have You Lived in OR/Northern CA?		Occupation:		Preferred Written or Spoken Language(s):		

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	\$		

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	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

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		
Mailing Address	City	State	Zip Code	Sight & Hearing Chair Email Address

Section 4: Audiologist Referral and Authorization of Services by Lions Club

Clinic/Doctor Referred To	Clinic Phone	Address of Clinic
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The Lions Club will pay for the following services (only those checked) at our pre-approved rate: \$ ____ . ____

Hearing Exam Ear Molds Hearing Aid Fitting

Authorized Lions Club Signature	Date Authorized
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Section 5: Billing Information for Services Authorized by Lions Club

Lions Club	Club Treasurer	Club Treasurer's Phone		
Mailing Address	City	State	Zip Code	Club Treasurer's Email

Date Invoice Received	Total Cost	Date Invoice Paid	Check Number
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Section 7: Hearing Aid Supplier Information

<p>FOR REFURBISHED HEARING AIDS: After the exam, the local provider should send the approved <i>Application for Hearing Exam and/or Hearing Aid</i> form, with hearing test/aid specifications and ear impression(s) (if applicable), to the hearing aid provider selected below:</p> <p style="text-align: center;">RJS Acoustic Services, Inc., P.O. Box 821090 Vancouver, WA 98682 FAX (360) 885-0431 or CALL 1-800-826-3180 or EMAIL RJSacoustics.Heather@gmail.com</p> <p>After receiving the order from the audiologist, RJS contacts the Oregon Lions Sight & Hearing Foundation who then invoices the client for hearing aids fees (if applicable) for the refurbishing and shipping of the hearing aid(s), which also covers a 1 year warranty. After payment is received, RJS will process the order and ship the appropriate hearing aid(s) to the audiologist.</p>	<p>FOR NEW HEARING AIDS: After the exam, the local provider will visit the Oregon Lions Sight & Hearing Foundation's website: OLSHF.org to order the recommended hearing aids for the client from the hearing aids available. OLSHF currently works with Starkey, Sonic Innovations, & Phonk brand Hearing Aids.</p> <p>Please EMAIL Melinda@OLSHF.org with any questions or concerns.</p> <p>After receiving the order from the hearing provider, OLSHF will invoice the client for hearing aids fees and the shipping costs which also covers a one to three year warranty. After payment is received, OLSHF will ship the hearing aid(s) to the hearing provider.</p>
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OLSHF Use Only

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

2022-23 COVID-19 Roar! Relief Fund Status:	Covers \$50 per hearing aid. (client will owe \$100 for 1 hearing and and \$200 for 2 hearing aids).
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