

LIONS OF MICHIGAN FOUNDATION

5730 Executive Drive, Lansing, MI 48911
(Voice) 517 887-6640 (Fax) 517 887-6642
(Email) info@lmsf.net



DATE REC'D	
DETERMINATION For office use only	

HEARING AID APPLICATION

1. SPONSOR – Lions Club or Lions District

Name:	
Contact Person:	
Address:	
City/State/Zip:	
Daytime Telephone:	
Email:	

2. APPLICANT

Name:	
Address:	
City/State/Zip:	
Telephone (Daytime):	
Age:	
Social Security Number:	

3. APPLICANT'S PARENT/LEGAL GUARDIAN *(For Applicants Under Age 18)*

Name:	
Daytime Telephone:	

4. AUDIOLOGIST – SERVICE PROVIDER

Name:	
Address:	
City/State/Zip:	
Telephone Email:	

5. RANGE OF HEARING LOSS & RECOMMENDED TREATMENT

An AUDIOGRAM or letter from the AUDIOLOGIST/SERVICE PROVIDER showing the need and urgency of hearing correction MUST be attached to this application.

6. HEARING AID PREFERENCE - To be completed by the Audiologist or Service Provider.

Hearing Aid Shell Color:	<input type="checkbox"/> Beige <input type="checkbox"/> Brown <input type="checkbox"/> Grey
Rexton (BTE's Only):	<input type="checkbox"/> Targa Plus P (Beige Only) <input type="checkbox"/> Targa Plus HP (High Power)
Prairie Labs:	<input type="checkbox"/> Prairie Songs 4 (BTE) <input type="checkbox"/> Prairie Songs 4 (ITC) <input type="checkbox"/> Prairie Songs 4 (CIC) <input type="checkbox"/> Freedom 4 (OTE)

7. **TOTAL AUDIOLOGY COSTS:** \$ _____

AUDIOLOGY costs will include the hearing evaluation, preparation of ear molds and the hearing aid fitting and orientation. An audiologist or hearing specialist working with our clients must be willing to accept a reduced fee for their services. Fees should not exceed \$150 per ear.

8. **APPLICANT'S HEALTH INSURANCE** (Please Check One)

NONE MEDICAID MEDICARE PRIVATE INSURANCE

Coverage For Hearing Services: _____

9. **SPONSOR'S CONTRIBUTION TOWARD AUDIOLOGY COSTS:** \$ _____

10. **APPLICANT'S CONTRIBUTION TOWARD AUDIOLOGY COSTS:** \$ _____

FINANCIAL INFORMATION

Household Members Excluding Applicant

Name-Relationship-Age:	
Name-Relationship-Age:	
Name-Relationship-Age:	

Savings	Institution	Source	Balance
Checking:			
Savings:			
401k - IRA:			

A federal tax return, FORM 1040, must be attached to the application unless the applicant is not required to file an income tax return. Applicants who are not required to file a federal tax return must submit a separate signed written statement detailing all sources of income, including Social Security income and governmental assistance. The application will not be processed without the required PROOF OF INCOME.

Annual Household Income:	Amount
Total Taxable Income (Form 1040, Line 22)	
Non-taxable Social Security Benefits (Form 1040, Line 20a – Line 20b)	
Other Income (Attach Schedule)	

Estimated Household Expenses:	Amount/Monthly	Amount/Yearly
Rent/Mortgage Payment & Owners/Renters Insurance		
Property Taxes		
Utilities (Gas, Electric, Etcetera)		
Telephone & Internet		
Automobile Payment(s)		
Automobile Insurance		
Health Insurance		
Medical & Dental Expenses (Out-of-Pocket)		
Food & Consumable Items		
Other Expenses (Attach Schedule)		
Total Household Expenses:		

INFORMATION RELEASE & UNDERSTANDING

I, _____, hereby authorize all medical care providers treating my medical condition stated on this application to release protected health and medical information to the Lions of Michigan Service Foundation, Inc. (Lions of Michigan Foundation), and I hereby attest that, to my knowledge, all information on this application is accurate.

I further understand that if my application is funded in whole or in part, the Lions of Michigan Foundation may elect to identify me by first initial and last name, my home community, the general nature of the medical service provided, for example hearing aids and the amount funded in its promotional materials.

In signing this application, I hereby authorize the use of this information for the purposes indicated, and I release the staff, officers, and representatives of the health care providers, the Lions of Michigan Foundation, the sponsoring Lions Club and District, and all other organizations listed on this application from all legal liabilities relative to the release of the information requested on this application. I do understand that I have a right to refuse to sign this authorization.

Signature of Applicant/Guardian

Date

It is understood by all parties that any funds or equipment provided by the Lions of Michigan Foundation shall be used for the intent and purpose stated in this application. Any unused funds or equipment must be returned in a timely manner.

Signature of Applicant/Guardian

Date

Signature of Sponsor's Representative

Date

Signature of Lions District Hearing & Speech Chair

Date

Signature of Lions of Michigan Foundation Trustee

Date