



# Application for Hearing Services

FOR USE BY LIONS CLUBS ONLY



**Applicant: Complete Sections 1, 2, and 3 and submit this application along with any requested documentation to the Lions Club listed in Section 4.**

**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	
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? (mm/yyyy)	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)		MONTHLY EXPENSES (Month to Month)	
Applicant Wages	\$	Mortgage/Rent/Utilities	\$
Spouse/Domestic Partner's Wages	\$	Groceries/Fuel	\$
Welfare Benefits	\$	Car Payment/Insurance	\$
Social Security/Disability	\$	Medical/Prescriptions	\$
Food Stamps	\$	Credit Cards	\$
Other	\$	Other	\$
<b>TOTAL Monthly Income</b>	<b>\$</b>	<b>TOTAL Monthly Expenses</b>	<b>\$</b>

## Section 3: 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
Home Address		E-Mail Address	

## Section 4: Club Contact Information

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

### MAIL FORM TO:

Lions Club UMPQUA LIONS CLUB	Sight & Hearing Chair Name LARRY BROOKS	Sight & Hearing Chair Phone		
Mailing Address P O BOX 57	City ROSEBURG	State OR	Zip Code 97470	Sight & Hearing Chair Email Address umpqualionsssightandhearing@gmail.com

## Section 5: 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  
  Earwax Removal  
 \$ \_\_\_\_ . \_\_\_\_

Refurbished Aid   
 Starkey/Sonic Innovations/Phonak Aid

Authorized Lions Club Signature	Date Authorized
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## Section 6: 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	

## Section 7: Hearing Aid Supplier Information

FOR REFURBISHED HEARING AIDS: After the exam, the local provider should send the approved *Application for Hearing Exam and/or Hearing Aid* form, with hearing test/aid specifications and ear impression(s) (if applicable), to the hearing aid provider selected below:

**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](mailto:RJSacoustics.Heather@gmail.com)

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.

FOR NEW HEARING AIDS: After the exam, the local provider should send the type of aid(s) recommended for the client to the e-mail below. Please indicate if ear molds and/or fitting accessories are needed, such as slim/thin tubes, domes, OTE conversion tips, or fitting software.

**STARKEY/SONIC INNOVATIONS/PHONAK HEARING AIDS**  
 Oregon Lions Sight & Hearing Foundation, 1010 NW 22<sup>nd</sup> Ave.  
 STE #144, Portland, OR 97210  
 FAX (503) 413-7522 or EMAIL [Melinda@OLSHF.org](mailto:Melinda@OLSHF.org)

After receiving the order from the audiologist, OLSHF will invoice the client for hearing aids fees (if applicable) for Starkey/Sonic Innovations/Phonak brand BTE hearing aid(s) 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 audiologist.

## OLSHF Use Only

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

COVID-19 Roar!  
Relief Fund Status:

- Approved for EHSC Fund – Covers 50% of hearing aid fees. Client will owe \$75 per hearing aid(s)  
 Approved for EHSC & JEM Fund – Covers 100% of hearing aid fees. Client will owe \$0 for hearing aid(s)

