LIONS OF DISTRICT 35-I HEARING FOUNDATION, INC
HEARING PROGRAM APPLICATION - Volunteer Work Sheet

HAVE YOU HAD YOUR INITIAL HEARING TEST WITH A STARKEY PROVIDER? _____

Date of Application: _____ Lions Club_____Volunteer Lion: _____

Last Name: _____ First: _____ MI: _____
Mailing Address: _____ Apt No. _____
City/St/Zip: _____How Long have you lived there? _____
FLORIDA DRIVERS LICENSE OR FL ID (Yes or No) Marital Status _____ Gender _____
IS ID AT CURRENT ADDRESS? Birthdate _____
Home Phone: _____ Cell: _____ Email: _____
Phone Comment: _____
How did you hear about the Lions?_____
Have you received hearing help from the Lions before? _____ When? _____

INSURANCE: Private MC Advantage Plan (YN) _____ VA (Y/N) _____Hearing Aid Coverage? (Y/N) _____
Regular Medicare (Y/N) ____ Medicaid (Y/N) _____ Supplement/Other Med Ins. (Y/N) _____

HOUSEHOLD is defined as all those who are financially dependent upon each other.

Own? (Y/N) _____ Rent? (Y/N) _____ Group Home? (Y/N) _____ Rent Room? (Y/N) _____
Number in Household _____ Number Receiving Income _____

List names of individuals in household: (A) Applicant, (S) Spouse, (P) Parents, (D) Dependents, (R) Relative, (F) Friend

Name and Relationship	Employer or Source of Income	Monthly Income Amount
1_____(_____)	_____	$_____
2_____(_____)	_____	$_____
3_____(_____)	_____	$_____

Income Sources such as Wages, Tips, Soc. Sec., SSI Disability, SSD should be reported above/ enter others:
SS/Retirement/Pension _____ Unemployment _____ Food Stamps _____ Disability
_____Other Income (describe) _____

Monthly Household Expenses:

Mortgage/Rent _____	Phone, Cable, Internet _____	Loans/Credit Cards _____
Food _____	Number of Cars _____	Medical (scripts copays) _____
Utilities _____	Auto Gas, etc _____	Other Exp (Condo fee, etc) _____
Medical Ins _____	Auto Insurance _____	Real Estate Taxes _____
Homeowners Ins _____	Other Expense Comments _____	

Additional Financial Information:
Do you own any other property (Y/N):_____ Name of your Bank: _____
Do you have: Checking Acct____ (Y/N) Money Market Acct?____ Savings Acct?____ CD'S?____ Stocks/Bonds? ___
Do you have a Bank statement or W-2 to show proof of income? _____

Hearing Center: _____ Phone: _____
Hearing Center's Email: _____ Date of Hearing Test: _____

Signature of Applicant: _____ Date: _____

Signature of Interviewing Lion: _____ Date: _____

About our District 35-I Hearing Program:

1. The applicant is first directed to a participating Starkey Neighbors in Need Program provider. A list of the participating providers is found on the Starkey website available by zip code. (www.starkey.com/starkeycares) The applicant should always let the provider know that they will be trying to go thru the Starkey Program when they schedule their appointment. After determining the need for hearing aids, the provider will then direct the applicant to the on-line application to be filled out which will determine if they meet the financial qualifications of the program. The provider may or may not offer help with this part of the program.

2. If the applicant is unable to fill out the on-line form without assistance, the Lions Club in their community can offer their help. The Volunteer work sheet is just the initial guideline to the Neighbors in Need Application. No written applications are accepted by Starkey, everything is on-line. The Lion volunteer will have to have a computer and scanner available in order to complete the application. The program requires the applicant to send either a W-2 or bank statement as proof of income. A user name and password will be required to be set up. The applicant needs to remember this log in.

3. Here are some of the income guidelines for 2024:

INCOME LIMITS FOR PARTICIPATING PATIENTS			
Persons in Household	**48 Contiguous States & D.C.** (Yearly)	**Alaska** (Yearly)	**Hawaii** (Yearly)
1	$27,180	$33,980	$31,260
2	$36,620	$45,780	$42,120
3	$46,060	$57,580	$52,980
4	$55,500	$69,380	$63,840
5	$64,940	$81,180	$74,700
6	$74,380	$92,980	$85,560
7	$83,820	$104,780	$96,420
8	$93,260	$116,580	$107,280

4. Along with the application that needs to be filled out by the applicant **AND** the hearing aid provider, an application fee of $300.00 is required to be sent into Starkey. The Hearing Foundation always recommends if a person needs 2 hearing aids that they apply for both at the same time since there is a 5 year waiting period between submissions. If the applicant is denied acceptance into the program, the application fee will be refunded.

5. This next step is where the Lions can get financially involved. If the applicant can afford anything, the Hearing Foundation suggests asking them to contribute toward their hearing aids. We have found this gives them a sense of investment in their aids. Whatever the balance is, either the home club can pay the difference by writing a check to the District Hearing Foundation or the Hearing Foundation can pay the balance to the Starkey Program. Lion Christine Malone can be contacted and given the information for the balance to be included for the application. Lion Christine is the Hearing Foundation's treasurer. She can be reached at lionchristinemalone@gmail.com or 815-549-6398.

6. The applicant will be informed that their application has been accepted. Then and only then will the Starkey Care provider be able to complete the order and fit the applicant’s hearing aids.