



Lions of Michigan Foundation
Robert Mathog Lions Hearing Center –
Greater Michigan

FOR OFFICE USE ONLY	
DATE RECEIVED	
DETERMINATION	

5730 Executive Drive – Lansing, Michigan 48911
517-887-6640 – www.lmsf.net – info@lmsf.net

HEARING AID ASSISTANCE APPLICATION

The Lions of Michigan Foundation and our Lions Hearing Centers provide quality affordable hearing aids for financially stressed Michigan residents through partnerships with hearing aid manufacturers, hearing professionals and other charities and community service organizations.

All Applicants must be legal Michigan residents and be sponsored by a Michigan Lions Club or Lions District. Applications are prioritized based on the overall financial and medical need of the applicant. Applicants

with annual household incomes at or below 150% of Federal Poverty Guidelines may qualify for Level 1 Assistance and applicants with annual household incomes at or below 300% of Federal Poverty Guidelines may qualify for Level 2 Assistance.

Number of Household Members	Maximum Household Income for Level 1 Assistance	Maximum Household Income for Level 2 Assistance
1	\$18,210.00	\$36,420.00
2	\$24,960.00	\$49,380.00
3	\$31,170.00	\$62,340.00
4	\$37,650.00	\$75,300.00
5	\$44,130.00	\$88,260.00
6	\$50,610.00	\$101,220.00

SPONSOR:

Lions Club/District: _____ Representative: _____

Email: _____ Phone #: _____

I understand that it is the Sponsor’s responsibility to ensure that the application is complete and the information provided herein, to my knowledge, is accurate.

 Signature - Sponsor’s Representative

 Date

APPLICANT:

Mr. ___ Ms. ___ First Name: _____ Last Name: _____

Address/City/Zip: _____ / _____ / _____

Social Security #: _____ - _____ - _____ Birthdate: _____

Email: _____ Phone #: _____

APPLICANT’S PARENT – LEGAL GUARDIAN: (For Applicants Under Age 18)

Mr. ___ Ms. ___ First Name: _____ Last Name: _____

Email: _____ Phone #: _____

APPLICANT’S POWER OF ATTORNEY OR APPOINTED REPRESENTATIVE:

Mr. ___ Ms. ___ First Name: _____ Last Name: _____

Email: _____ Phone #: _____

APPLICANT’S PERSONAL & MEDICAL INFORMATION:

Is the applicant a legal Michigan resident? Yes ___ No ___. If yes, a photocopy of the applicant’s Michigan Driver’s License or Michigan Identification Card must be submitted with the application.

Is the applicant a United States military veteran? Yes ___ No ___. [If yes, a photocopy of the applicant's Veterans Administration Denial Letter for hearing aids must be submitted with the application.](#)

Has the applicant received hearing aids from the Lions of Michigan Foundation or any of our Robert Mathog Lions Hearing Centers in the past 4 years? Yes ___ No ___

Does the applicant currently use hearing aids? Yes ___ No ___ Right Ear: ___ Left Ear: ___

If the applicant currently uses hearing aids, please indicate the age of the hearing aids and describe any problems that the applicant is experiencing with the aids: _____

Has the applicant had a hearing test in the past 6 months? Yes ___ No ___

Has the applicant received a medical clearance for hearing aids? Yes ___ No ___

APPLICANT'S HOUSEHOLD STRUCTURE:

Number of adults in the household: _____ Number of children in the household: _____

Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____
Name: _____	Age: _____	Relationship: _____

APPLICANT'S HEALTH INSURANCE COVERAGE:

All applicants must include a photocopy of their health insurance cards (front and back). [Applicants with Medicaid must submit a Medicaid Denial Letter for hearing aids or verification of their Medicaid Spenddown.](#)

None Medicaid Medicare County Health Plan - UPHP Private Insurance

List Any Coverage For Hearing Aids & Audiology Services:

APPLICANT'S PROOF OF INCOME:

The annual income for each household member must be documented. Applications will not be processed without a proof of income.

Annual Household Income	Amount/Monthly	Amount/Yearly
Wages & Tips:		
Business Income:		
Social Security Benefits:		
Government/Public Assistance (Food, Housing & Cash):		
Pension Income:		
Disability Income & Workers Compensation:		
Other Income (Attach Schedule):		

Did the applicant file a federal income tax return for the prior year? Yes ___ No ___. If yes, a photocopy of the applicant's tax return must be submitted with the application. If no, an alternative proof of income (Social Security Benefits Statement, SSI Benefits Statement and/or Pension Benefits Statement) must be submitted with the application.

APPLICANT'S ASSET VERIFICATION:

The combined assets or each household member must be documented. Applicants must include current account statements for checking and savings accounts, retirement accounts, etcetera.

Assets	Financial Institution(s)	Source	Acct. Balance
Savings:			
401k - IRA:			
Stocks/Bonds/CDs:			
Home (Principal):			

Please check the corresponding box for EACH required/requested attachment submitted

- Applicant's MICHIGAN Driver's License or Identification Card
- Applicant's and each additional adult's FEDERAL (not MI) Income Tax Return (Form 1040, 1040A or 1040EZ)
- Applicant's Social Security, Supplemental Income and/or Pension Benefits Statement(s)
- Applicant's account statements for SAVINGS, CHECKING and RETIREMENT accounts
- Applicant's health insurance cards, including Medicare, Medicaid, Blue Cross, MI Health and HAP
- Applicant's Hearing Test (must be dated within the past 6 months)
- Applicant's denial letter from Medicaid or Medicaid Spenddown verification
- Applicant's denial letter(s) from the U.S. Veterans Administration and/or Michigan Rehabilitation Services

APPLICANT'S MEDICAL & FINANCIAL INFORMATION RELEASE & UNDERSTANDING:

I, _____, understand that if my application for hearing aid assistance from the Lions of Michigan Foundation's Greater Michigan Lions Hearing Center is approved, the GMLHC will only provide the hearing aids from its approved hearing aid vendors, and any fees charged by an audiologist or hearing professional for selecting, fitting and dispensing the hearing aids for my use are my responsibility. I further understand that the GMLHC will charge a co-pay for my hearing aids that must be paid before the hearing aids are ordered, and the co-pay will be based on my annual household income.

Furthermore, I understand that any hearing aids provided are for my personal use only, and **the United States Food and Drug Administration recommends that I obtain a medical examination and medical clearance before acquiring and using hearing aids.** I further understand that if my application is approved in whole or in part, the Lions of Michigan Foundation may elect to identify me by my first name and the first initial of my last name, my home community, the general nature and dollar value of the medical service provided, for example hearing aids, in its financial records and promotional materials.

I hereby authorize all medical care providers treating my stated medical condition to release protected health and medical information to the Lions of Michigan Foundation and its partnering hearing aid manufacturers and hearing professionals, 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 use and release of the information requested on this application, and I attest that, to my knowledge, all information on this application is accurate.

Signature of Applicant or Parent/Guardian

Date