

**ROSEBURG UMPQUA LIONS
P O BOX 57
ROSEBURG, OR 97470**



For those that are in need of HEARING AIDS

Please fill out the following application

and mail it to us at the above address.

**We meet twice a month and will process your
application as soon as possible.**



Lions Club Application for Hearing Services

(Umpqua Lions Club file # _____)



OREGON LIONS
Sight & Hearing Foundation

Section 1: Applicant Information (please print)

Request for: Hearing Exam Hearing Aid(s) I Have a Current Hearing Exam/Audiologist

Applicant First Name		Applicant Last Name		Applicant Date of Birth
Home Address			Apartment	Phone
City	State	Zip Code	Email Address	
Number of People Living in Household?	Length of Oregon Residency		Occupation/Employer Phone	
Applicant or Guardian Signature			Relationship to Applicant	Date
Ethnicity (Check only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Racial Heritage (Check all that apply): <input type="checkbox"/> Black or African-American <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Asian <input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> I decline to answer	

Title VI of the Civil Rights Act of 1964 allows us to ask for this information. You can choose not to give this information. It will not affect your eligibility for benefits.

Section 2: Insurance and Financial Information

Insurance coverage (check box)	MONTHLY GROSS INCOME (before taxes and deductions)	MONTHLY EXPENSES (average from month to month)
<input type="checkbox"/> Private Insurance	Applicant Wages _____	Mortgage/Rent/Utilities/Fuel _____
<input type="checkbox"/> Medicare	Spouse/Domestic Partner Wages _____	Groceries _____
<input type="checkbox"/> Oregon Health Plan	Welfare Benefits _____	Car payment/insurance/gas _____
<input type="checkbox"/> Veteran's	Social Security or Disability Benefits _____	Medical/Prescriptions _____
<input type="checkbox"/> None	Food Stamps _____	Credit Cards _____
	Other: _____	Other: _____
	Total Monthly Income: _____	Total Monthly Expenses: _____

Section 3: Authorization for Disclosure of Financial Information

I authorize the Lions Club listed in Section 4, the Oregon Lions Sight & Hearing Foundation, and their qualified partners to receive my financial information.

Purpose for disclosure:

The undersigned is requesting charitable assistance from the Lions Club of Oregon and the Oregon Lions Sight & Hearing Foundation. Any requested financial information will be used to determine eligibility to receive financial assistance.

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 have taken action 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: Complete Sections 1, 2, and 3 only and submit form to the Lions Club listed in Section 4. The Lions Club Sight & Hearing Chair will contact you to let you know if your application has been approved and tell you what to do next. Please write down the Sight and Hearing Chair's name and phone number in case you need to call them regarding the status of your application.





Lions Club Application for Hearing Services



OREGON LIONS
Sight & Hearing Foundation

Applicant First Name	Applicant Last Name	Applicant Date of Birth
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Section 4: Club Contact Information

MAIL FORM TO: If This Section is Not Filled Out, Call 1-866-623-9053 for Referral to a Local Lions Club.

Lions Club ROSEBURG UMPQUA LIONS	Sight & Hearing Chair Name GREG JOHNSON	Sight & Hearing Chair Phone (541) 430-4734		
Mailing Address P O BOX 57	City ROSEBURG	State OR	Zip Code 97470	Sight & Hearing Chair Email Address greg@gstiles.com

Sight and Hearing Chair: Fill in Sections 5 & 6, then fax or mail form to Oregon Lions Sight and Hearing Foundation, FAX: (503) 413-7522 for approval of hearing aid(s). OLSHF Staff will return form to you after authorization or denial, after which you may inform applicant of status of application and what steps he/she will need to take next.

Section 5: Audiologist Referral and Authorization of Services by Lions Club

Clinic/Doctor Referred To Roseburg Audiology	Clinic Phone (541) 672-8868	Address of Clinic 1367 W Harvard Ave, Roseburg
The Lions Club will pay for the following services (only those checked) at our pre-approved rate: <input type="checkbox"/> Hearing Exam <input type="checkbox"/> Ear Molds <input type="checkbox"/> Hearing Aid Fitting <input type="checkbox"/> Earwax Removal		
Authorized Lions Club Signature	Date Authorized	

Section 6: Billing Information for Services Authorized by Lions Club

Lions Club Roseburg Umpqua Lions	Club Treasurer Dale Debs	Club Treasurer's Phone (541) 672-9000		
Mailing Address P O Box 57	City Roseburg	State OR	Zip Code 97470	Club Treasurer's Email ddebs@cascadecu.org
Date Invoice Received	Total Cost	Date Invoice Paid	Check Number	

Sight & Hearing Chair: send form to Audiologist after approval from Oregon Lions Sight & Hearing Foundation.

Section 7: Hearing Aid Supplier Information

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) to this hearing aid rebuilder:

RJS Acoustic Services, Inc., PO Box 821090, Vancouver, WA 98682
FAX (360) 885-0431
1-800-826-3180 or rjisch@teleport.com

RJS will rebuild and ship the appropriate hearing aid(s) to the audiologist, after which they will bill the Oregon Lions Sight & Hearing Foundation for the refurbishing and shipping of the hearing aid, which also covers a six month warranty.

OLSHF Use Only

Application <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Authorized OLSHF Signature	Approved Stamp
Amount Billed	Date Paid	Paid Check Number

