



Missouri Lions Affordable Hearing Aid Project

Implementation Guidelines for Lions Clubs

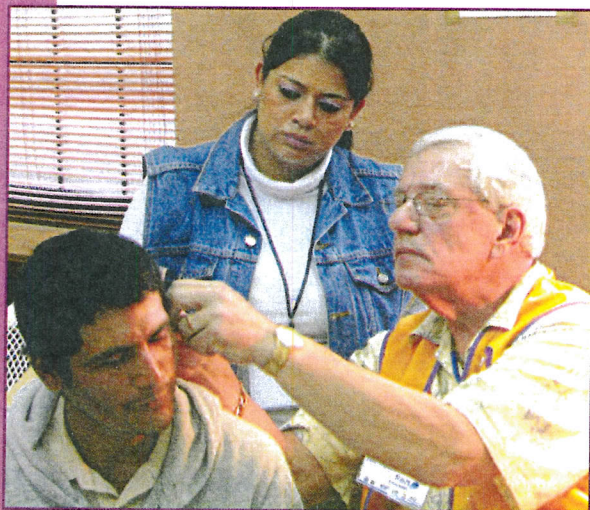
Thank you for your interest in the Missouri Lions Affordable Hearing Aid Project. Through the program, Lions work with partner hearing care professionals to serve individuals in Missouri with hearing instruments who cannot afford hearing aids. Hearing provider Signia is working with Missouri Lions to provide high-quality, low-cost hearing aids to those who need them through Missouri Lions Clubs and the hearing program.

General Information

Lions must be aware that the purchase of a hearing aid is only one facet of an overall hearing care plan. AHAP's continuum of care model involves not only providing hearing aids to those who need them, but also giving them comprehensive care which includes testing, fitting the aids and providing follow-up care. To ensure success, Lions clubs need to consider the other costs and responsibilities involved, such as the cost of ear molds, audiologist/hearing aid dispenser fees, batteries and transportation.

How Lions Clubs Can Start AHAP

- Recruit one hearing care professional or more for the partnership. This person is responsible for the testing, ear molds and programming the hearing aid.
- Decide on the cost sharing. The costs include the hearing aid and the products and services provided by the hearing care professional. There may be third party sources, including the hearing aid recipient, to help pay for the product or services.
- Identify hearing-impaired individuals who may qualify for AHAP. Use the AHAP Application Form and Income Qualification Form to document the need.
- Send the completed AHAP Application Form, AHAP Income Qualification Form and payment with the completed AHAP Order Form.
- Plan for record-keeping. Records must be maintained for five years.



Note: Before initiating participation in Lions AHAP, please check for existing Lions hearing aid programs covering your area. The Lions hearing aid programs for districts/multiple districts and/or states collaborate with local Lions clubs to serve limited-income people with hearing impairment.

Beneficiary Information

The beneficiary information collected is limited to use by LCIF and Rexton, Inc., for program tracking purposes only. Lions AHAP respects the beneficiary's privacy and is committed to protecting the personal information disclosed on this application. The information will not be disclosed or sold to third parties without expressed permission. Please note that LCIF may release such information if required to do so by government regulations, search warrant, subpoena or other required legal action.

Application Form

To ensure that the aids are distributed to those most in need, please use the AHAP Order Form to document the candidate's information. (A sample application form follows.) Due to differences in local, county and state regulations, this form needs to be modified to be within the appropriate regulations.

Income Eligibility for the Candidate

Income is the basis for selecting candidates with hearing impairment who qualify for hearing aids. It is important to demonstrate the candidate's eligibility. In addition to using the Lions AHAP Qualification Form, LCIF requests that Lions use the following income-based criteria when considering an individual for assistance. The guidelines protect the integrity of the program, its corporate partner and Lions.

Beneficiaries must be:

- Unable to access the commercial market due to limited income
- At an income level below or at 200 percent of the poverty level
- Unable to access other personal and family resources to purchase commercial hearing aids
- Denied state and federal assistance

Each Lions club decides who is considered low-income. Issues to resolve are:

- Using the candidate's sources of revenue, or their revenue and assets.
- Deciding what income level is acceptable as low-income. The federal government's poverty level (<http://aspe.hhs.gov/poverty/07poverty.shtml>) may be a starting point. Some Lions clubs use 175 percent above poverty level. Others use 150 percent or 180 percent. Generally any level at or above 200 percent requires review and approval by LCIF.
- Validating the person's information or having a signature affirming the validity. Items used for verification are the Statement of Benefits from Social Security, Social Security Disability, paycheck stubs, food stamp allowance, pension amount, child support, AFDC, and veteran's benefits.

Collaborating with Hearing Care Professionals

Partnership with hearing care professionals is the cornerstone to success with AHAP. Locating a hearing care professional is usually an informal process that varies by club. Some Lions clubs have hearing care professionals as members. Other clubs have members who know hearing care professionals. Lions may also be able to partner with the hearing care professionals who already use Rexton's aids.

The hearing care professional is responsible for all activities associated with dispensing aids and requires compensation for services and products. The costs vary depending on the local economy, but a range to keep in mind is \$300 to \$500. Lions clubs are not required to cover the entire cost, but may do so. The decision on cost sharing needs to be determined and stated clearly for the hearing care professional and the candidate. LCIF does not cover any portion of these costs.

Some Lions clubs pay reduced fees by using hospitals and universities that train audiologists. Other clubs have agreements with state social services departments to decide eligibility, and some also pay for the testing and fitting.

Other Considerations

Lions clubs may want to research the availability of aids through public providers before making their decision to help a person with hearing impairment. There are a myriad of state and federal programs that provide aids to eligible individuals. The following list offers information on programs that provide aids to children, veterans and adults. This list is by no means comprehensive; you may also wish to conduct your own research.

Children

- Have the parents been using early intervention program services (age 0 to 3)? If the need for hearing aids is written in the Individual Family Education Plan (IFEP), they may receive aids. Early intervention services are a segment of the Individuals with Disabilities Education Act (IDEA) for individuals 0 to 21 years old.
- If the child does not have health insurance coverage with the parents, the child may qualify under the state's children's health insurance plan. Note: Not all states have children's health insurance.
- Have the parents added assistive technology (such as hearing aids) to the child's (age 3 to 21) Individualized Education Plan (IEP)? The child has the right to a "free and appropriate public education (FAPE)."
- If the child has coverage under Medicaid, it may include hearing aids.

People of All Ages

- Does the person's health insurance include covering the purchase of hearing aids? If not, does it cover the cost of the hearing exam? The hearing care professional can break out this cost and reduce the overall charge.
- Does Medicaid cover the person? If so, the individual may qualify for hearing aids.
- People with hearing impairment may receive hearing aids through their state's vocational rehabilitation department if they are:
 - Prospective and current college students
 - Individuals whose jobs are at risk due to hearing loss
 - People who are unable to find employment due to their hearing loss
- If the person is a veteran, the individual may qualify for hearing aids if enrolled in the veterans' insurance plan and able to prove the loss is related to military service.
- Has the individual approached local and state agencies serving people with hearing impairment? They may know about hearing aid banks and other resources, such as clinics that provide services on a sliding scale basis.
- Has anyone looked into the state's assistive technology program? These programs have several components, including assistive technology (hearing aids or personal FM systems) short-term availability, low-interest loans to purchase assistive technology and demonstration centers.



Missouri Lions Affordable Hearing Aid Project
Missouri Lions State Office
2415B Hyde Park Rd
Jefferson City, MO 65109



Missouri Lions Affordable Hearing Aid Project

Application Form for Candidates

Name _____ Birth Date _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

Insurance: Name and Policy Numbers of *any/all* Health Insurance Policies

List Names and Ages of Everyone in Your Household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you wear a hearing aid? Yes No

If Yes, why do you need one? _____

Is the Applicant employed? Yes No

If No, why? _____

Employer: _____

Applicant Must Read and Sign This Statement:

I fully understand these services are limited to individuals unable to pay for or receive hearing aids from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that a hearing aid billed to me prior to the approval of this application will not be paid for by this service.

I also understand my application may be reviewed by the Lions Club and hearing professionals. These forms will be kept on file by the local Lions, the hearing care professional and _____. The documents will be kept confidential and not shared with third parties, such as insurance companies.

All information on and attached to this application is true and correct to the best of my knowledge.

Applicant Signature
(Parent/Guardian Signature if person is under 18)

Witness
(If Applicant signs with an "X")



Missouri Lions Affordable Hearing Aid Project

Income & Asset Form for Candidates

Name _____ Birth Date _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Monthly Gross Income <i>(Income before taxes / deductions)</i>		Monthly Expenses <i>(Monthly average)</i>	
Salary of Candidate	\$ _____	Rent/Mortgage	\$ _____
Salary of Spouse	\$ _____	Utilities	\$ _____
Salary of Parent	\$ _____	Food	\$ _____
Social Security Benefits	\$ _____	Phone	\$ _____
Retirement Pension	\$ _____	Medicine	\$ _____
Income from Other Family	\$ _____	Car/Transportation	\$ _____
Food Stamps	\$ _____	Child Care	\$ _____
Investments	\$ _____	Home Insurance	\$ _____
Assets	\$ _____	List/Charge Cards	\$ _____
Other Income	\$ _____		\$ _____
	\$ _____		\$ _____
Total Monthly Income	\$ _____	Total Monthly Expenses	\$ _____

All information on and attached to this application is true and correct to the best of my knowledge.

Applicant Signature
(Parent/Guardian Signature if person is under 18)

Witness
(If Applicant signs with an "X")

To be completed by Lions Club:

Date Approved _____ Date Bill Received _____ Cost _____

Date Paid _____



Missouri Lions Affordable Hearing Aid Project
 Missouri Lions State Office
 2415B Hyde Park Rd
 Jefferson City, MO 65109

1. LION ORGANIZATION INFORMATION

Club Name/ Hearing Aid Bank/ Foundation/ Clinic
Club ID
District
Multiple District
Address
City
State Zip
Contact person
E-mail
Daytime phone

2. SHIPPING INFORMATION (AUDIOLOGIST)

Name
Business
Address
City
State Zip
Phone
Fax
E-mail
New Provider? <input type="checkbox"/> Siemens/Rexton Provider? <input type="checkbox"/>

3. RECIPIENT INFORMATION

Name
Address
City
State Zip
Copy of Application enclosed? yes <input type="checkbox"/> no <input type="checkbox"/>
Copy of Qualification form enclosed? yes <input type="checkbox"/> no <input type="checkbox"/>

4. ORDERING DETAILS

Item	Cost	Qty	Color -Circle	Total Cost
Programming: Hi-Pro Box Style Only				
Rexton Targa Plus P BTE hearing aid	\$200		Beige	
Rexton Targa Plus HP BTE hearing aid	\$200		Beige Brown Grey	
Rexton Targa Plus Free BTE hearing aid	\$200		Beige	
Programming: Wireless				
Mosaic BTE 20 M-P-HP	\$199		Beige	
Mcore R312T 20 RIC	\$234		Beige Brown Grey	
Emerald M20 8C RIC	\$199		Beige	
Sterling 20 8C (Wireless & Bluetooth options available)	\$199		Canal Halfshell Full	
Wireless for Sterling		yes no		
Bluetooth for Sterling		yes no		
Rexfit software	no charge	yes no		
Cables	no charge	yes no		
User Instruction manual	no charge		English Spanish	
				Total from above
				Shipping Charges
				1 aid -- \$19
				\$2 for each additional aid (qty X \$2)
				Total

Please note that charges can change without notice.

5. PAYMENT DETAILS

Full payment due with order. Make check/money orders payable to
MoLions AHAP

Form of payment (check one)	Money order <input type="checkbox"/>	Check <input type="checkbox"/>
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This box is to be completed when a Lions Clubs
 is purchasing the hearing aids.

For State Office Use Only:

Date: _____
 Check: _____
