



DISTRICT 33Y EMERGENCY SIGHT AND HEARING APPLICATION

Thank you for contacting Lions District 33Y Emergency Sight and Hearing Committee (ESH). Our hope is to provide vision and hearing assistance to those permanently residing in District 33Y (Western Massachusetts counties Hampden, Hampshire, Berkshire, Franklin) who meet the criteria and are approved for assistance. The program is designed to assist those who have **no other resource** available to them. Other options for assistance include: family support, insurance, state Medicaid program, vocational rehabilitation, school district, VA, church groups, state or local programs.

If the applicant has family support or funds available in money market accounts, mutual funds, 401(k) plans, IRAs, CDs (Certificates of Deposit), checking/savings accounts, stocks, bonds, T-bills or property, **this may not be the program for you.** Emergency Sight and Hearing considers all possible funding sources when determining eligibility. Only those who fall within the program guidelines for income, assets and vision or hearing loss will be considered for assistance.

- Application Materials are viewed by Emergency Sight and Hearing committee members only
- When eligibility is determined, financial papers are shredded
- Names and addresses of applicants are never sold or shared with others
- **In determining eligibility,** Emergency Sight and Hearing considers the following: funds available from all sources, assets vision or hearing loss.
 - **Household size (household is defined as those living together or dependent of each other)**
 - **Net monthly or annual income from all in the household who have income**
Possible sources of income are: Social Security and SSI, Public Assistance, AFDC, Wages, Interest or Dividends from Stocks/Bonds, Alimony, Disability, Old Age Pension, IRAs, 401(k), VA Pension, Welfare, Work Pension, Black Lung Payments
 - **Assets** (Included, but not restricted to): Checking, Savings, Annuities, Stocks/Bonds, Money Market Accounts, IRA/401(k), CDs

Emergency Sight and Hearing reserves the right to change eligibility criteria without prior

written notice Before you start

- _____ Read the application completely and carefully
- _____ Find a vision or hearing healthcare provider in your area who works with Emergency Sight and Hearing
- _____ Schedule a vision or hearing test (send a copy with this application — must be less than 9 months old)
- _____ Gather proof of income for all in the household, and from all sources
- _____ Gather copies of most recent 3 bank statements (all accounts, for all household members, and all pages of each statement)

One final check before you mail the application

- _____ Had the vision or hearing test done and included a copy of the test results
- _____ Included proof of income for all in the household, from all sources
- _____ Included copies of 3 most recent bank statements (all pages, for all in the household)
- _____ Included verification of current holding in CD, IRA, 401(k), Annuities, Stocks/Bonds for all in the household

When you have checked off all the above, you are ready to return this application to your local Lions Club or member.

Please wait at least 3 weeks before calling to check on the progress of the application

CONFIDENTIAL

This case was referred by the _____ Lions Club. Case # _____ Date: _____

Application for Assistance

District 33Y Lions – Emergency Sight and Hearing Treatment Foundation (ESH)

The ESH is a non-profit 501(c)3 tax exempt organization founded by the Lions of District 33Y to provide financial assistance to those in need, for treatment of vision and hearing impairments and/or injuries. Your privacy is important. The following information will only be used to determine your eligibility, and for recovery of monies paid if it is determined another party has primary liability for these expenses.

APPLICANT INFORMATION

Applicant's Name _____

Date of Birth: _____ Age _____ Male Female Number in Household _____

Mailing Address: Street _____ Apt # _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is Applicant [(Retired Disabled Student Unemployed Employed Marital Status _____

Mortgage/Rent \$ _____ # of Dependents _____ Are you a Medicaid Recipient? Yes No

Medical Insurance – Name of Company _____

Have you applied for free care? Yes No Do you live in subsidized housing? Yes No

What kind of assistance are you seeking and the amount of money needed, if known _____

Does your health insurance (or Medicare Supplement) offer a benefit for hearing aids? Yes No Don't know

If Yes, how much is that benefit? _____

Is this sight or hearing loss a result of an injury or accident that will be compensated? Yes No

Are you able to repay Emergency Sight & Hearing any or all of the cost incurred? Yes No

Person completing this form, if other than applicant. If minor, list parent/guardian information

Name: _____

Relationship to applicant: _____ Phone: _____

INCOME AND ASSET INFORMATION

Employer _____

Applicant's Net Income \$ _____ Weekly Monthly Total Net Yearly Family Income (Last Year) \$ _____

Are you receiving Disability, SSI, Alimony, or Other Payments? Yes No Amount \$ _____

If Yes, please describe other income or payments _____

Mark one box for each item. Unanswered questions will delay the process

Do you currently have: Yes No

- Checking Account *If Yes, Please provide all pages of three (3) months of current bank*
- Savings Account *statements If Yes, Please provide all pages of three (3) months of*
- CDs *current bank statements If Yes, Please provide all pages of most*
- Stocks / Bonds *recent statement If Yes, Please provide all pages of most recent*
- Annuity *statement If Yes, Please provide all pages of most recent statement If*
- IRA / 401(k) *Yes, Please provide all pages of most recent statement If Yes, Please*
- Money Market Account *provide all pages of most recent statement*

HOUSEHOLD INFORMATION

Household is defined as all those who live together or are dependent on each other. Number in Household _____

List names and information of all household members

Name: _____ Relationship to Applicant: _____ Age: _____

Employer: _____ Employer Tel#: _____ Mos/Yrs there: _____

Name: _____ Relationship to Applicant: _____ Age: _____

Employer: _____ Employer Tel#: _____ Mos/Yrs there: _____

Name: _____ Relationship to Applicant: _____ Age: _____

Employer: _____ Employer Tel#: _____ Mos/Yrs there: _____

Name: _____ Relationship to Applicant: _____ Age: _____

Employer: _____ Employer Tel#: _____ Mos/Yrs there: _____

Name: _____ Relationship to Applicant: _____ Age: _____

Employer: _____ Employer Tel#: _____ Mos/Yrs there: _____

RELEASE OF INFORMATION

I understand the information I submit to Emergency Sight and Hearing concerning my annual income, family size, family resources, insurance, medical history and all financial information is subject to verification by Emergency Sight and Hearing and/or their agents. This verification will be done by phone, letter, e-mail or credit check. I understand that that if I knowingly omit or submit false information, I will be denied consideration for assistance at any point in the process. I agree to hold Emergency Sight and Hearing and any Lions Club of MA harmless from any injury resulting from treatment paid by them or associated with this application. I also understand that there are no expressed or implied services other than an exam and/or vision or hearing aids. My signature below attests that I have read, understood and agreed upon the above statement.

Applicant's Name (Please Print): _____

Applicant's Signature: _____ Date: _____

*If minor, parent/guardian signature required

*If signed by Power of Attorney (POA), please send copy of POA

After the local club president reviews this form for completeness and approves it, return this form to your local Lions Club.

Club _____ Member Name _____

_____ Tel. _____

FOR ESH BOARD OFFICIAL USE ONLY

Applicant Name:	Case #	Date:
For mail votes Name of Director		Vote <input type="checkbox"/> Yes <input type="checkbox"/> No
This case has been reviewed by the ESH Board of Directors, and the following action has been taken		
Date	<input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Pending for the following information	
Cost of Case		

Mail Form to:

PDG2 Roger Jones
29 Belmont Avenue
Feeding Hills, Ma
01030