Dear Applicant:

Thank you for contacting Live Better Foundation for hearing aid assistance.

Our hope is to provide hearing aids to those who meet the criteria and are approved for assistance. This program assists those who lack the resources to acquire hearing aids from family support, insurance, vocational rehabilitation, Veteran's Administration, church groups, state or other local programs. Completing this application is the first step to determine your candidacy.

Our hearing aids come through donations from community members and local and national vendors. The hearing aid(s) selected for you will be determined on current inventory, the degree of hearing loss, and listening needs. All refurbished hearing aids are fully cleaned and will be programmed to the wearer's hearing needs.

All hearing aids come with a 6-month warranty for REPAIR ONLY. Loss and damage coverage is not provided on the hearing aids through the Live Better Foundation. Loss and damage protection and extended repair coverage can be purchased from your hearing aid provider.

The application processing fee is $150 for 1 hearing aid requested or $300 for 2 hearing aids requested. Payment should be made with a cashier's check or money order payable to Live Better Foundation. No personal checks will be accepted.

Your privacy is important to us. This application will only be viewed by Live Better Foundation agents. When eligibility is determined, any financial papers submitted will be shredded. Names and addresses of applicants are never sold or shared with others.

We look forward to improving your hearing soon. Have a great day!

Further questions may be sent to: Info@LiveBetterFoundation.org or (240) 206-3101.

General Information

1. First Name of recipient: _____
2. Last Name of recipient: _____
3. Recipient's Date of Birth: _____
4. Email address for confirmation and further instructions:

   _____

5. Mailing address:

   _____

   _____

   _____

6. Primary phone number: _____
7. Secondary phone number: _____
8. Name of person completing this form: _____
9. Relationship to Applicant: _____
10. Best contact method: **(Circle One)**

    Phone Email Paper Mail

LIVE BETTER FOUNDATION

Medical History

1. When was your last hearing test? Approximate date is okay: _____

2. Your Medical Insurance *(Circle All That Apply)*

   a. Medicare
   b. Medicaid (State insurance)
   c. CareFirst
   d. United Healthcare
   e. Aetna
   f. Cigna
   g. TriCare
   h. Other: _____

3. If eligible, I want a hearing aid for my *(Circle One)*

   a. Both Ears b. Right Ear only c. Left Ear only

4. Rate the style of hearing aid you prefer from the BEST (1st Place) to LAST (3rd Place).

   a. Over the ear with a traditional tube and earmold _____
   b. Over the ear with a thin tube/wire and universal dome _____
   c. In the ear hearing aid _____

Income

Our current income criteria for this program is at 10% over the 2022 poverty guidelines for the 48 contiguous states and the District of Columbia:

1 person household =	2 person household =	3 person household =
$14,949	$20,141	$25,333

A copy of your W-2 form (Wage and Tax Statement) must be submitted with this application for verification of income. If you do not have a W-2, submit a recent monthly bank statement to show proof of income.

Medical Clearance

One of the following must be completed and submitted with the application. Either option can be used.

OPTION 1: *Medical Clearance for hearing aid use. Signed by the applicant's medical doctor.*

Date: _____

Applicant's Name (please print): _____

The applicant listed above has been medically examined and may be considered a candidate for hearing aid use.

Physician's Name (please print): _____

Physician's Signature: _____

OPTION 2: *Waiver of medical clearance for hearing aid use. To be completed and signed by the applicant.*

Date: _____

Applicant's Name (please print):_____

I understand that it is in my best interest and recommended by Live Better Foundation and the Food and Drug Administration to receive a medical examination before acquisition of hearing aids. I choose not to receive a medical examination before acquiring hearing aids.

Applicant's Signature: _____

Release of Information

I understand the information I submit to Live Better Foundation concerning my annual income, family size, family resources, insurance, medical history and all financial information is subject to verification by Live Better Foundation and their agents. This verification will be performed by phone, letter, or e-mail.

I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance at any point during the process.

Sign your name below to confirm you have read the statements above.

X_____

Printed Name: _____Date: _____

Mail your application, processing fee, W-2 and all other required documents to:

Live Better Foundation
22505 Gateway Center Drive, #1746
Clarksburg, MD 20871

** Once your online application is submitted, you will be contacted by a Foundation representative with the steps to take regarding your application fee and submitting the requested documents.

If you have any questions, contact us at Info@LiveBetterFoundation.org or (240) 206-3101.