

## Overview

Does someone in your community need cataract surgery but doesn't have the means to pay for it? Do you know of a deaf person who hasn't been able to use the telephone because an adaptive device is too expensive?

Through Patient Care grants, the Foundation partners with MD19 Lions Clubs to help low-income individuals get sight and hearing treatment they otherwise couldn't afford. We will match, dollar for dollar, expenditures made by your Club for these types of projects.

Clubs have used Patient Care grants to pay for an amazing variety of resources, including:

- |                                  |  |
|----------------------------------|--|
| <i>Cataract surgeries</i>        | <i>FM systems</i>                                    |
| <i>Cornea transplants</i>        | <i>Hearing aids</i>                                  |
| <i>Magnification equipment</i>   | <i>Sign language instruction</i>                     |
| <i>Vision therapy</i>            | <i>Baby monitors for deaf parents</i>                |
| <i>Special glasses/contacts</i>  | <i>A hearing guide dog</i>                           |
| <i>Talking computer software</i> | <i>Speech therapy for children with hearing loss</i> |

The process begins when a Club decides to sponsor someone and submits the attached application to us. The application is reviewed by a committee of Lions who serve on our Board of Trustees and determine if we are able to help. **If approved, we pay half of the treatment cost and your Club pays the other half.**

The Patient Care budget is typically \$100,000 annually, which translates into about 50 grants per year. It is rare that we turn an application down but if we have to, we'll do our best to help you partner with another Club or social service agency.

If you have any questions, don't hesitate to contact the Foundation at 1-800-847-5786. Thank you for the wonderful work you do for your community!

<b>Income Qualification Guidelines</b>		
<b>Based on 133% of the 2015 Federal Poverty Guidelines</b>		
Size of Family Unit	2015 Federal Poverty Level	133% 2015 Federal Poverty Level
1	\$11,770	\$15,654
2	\$15,930	\$21,187
For each additional person, add:	\$4,020	\$ 5,347

# Patient Care Instructions

## **STEP 1: DECIDE TO SPONSOR A PATIENT**

On our end, the only eligibility requirements are that the applicant is 1) a US resident within the boundaries of MD19 and 2) financially unable to pay for his or her own care through personal resources, health insurance, government assistance, or other social services.

Because the treatments covered by Patient Care can be expensive, we think of the program as a last resort for people in need and leave it up to each Club to decide how to screen patients — e.g. your method may require proof of income, a list of other sources tried, and a home visit. Don't forget to get an estimate for the procedure or equipment.

## **STEP 2: TALK TO THE SERVICE PROVIDER**

The starting point here will vary. In some cases, an applicant will already have a surgeon or product vendor lined up. In others, the applicant will need your help in identifying where to turn. Feel free to call us for advice — we can tell you what providers other Clubs have used and may be able to help you negotiate a lower price. We also encourage you to seek out local sight and hearing professionals willing to discount their services.

*Don't be afraid to introduce yourself and explain how the Patient Care program works.* Given the provider's line of business, this is a contact that can benefit your Club on many levels. Ask that all bills be sent to the Foundation and find out if there will be multiple invoices — e.g. with a surgery, the anesthesia may be billed separately.

## **STEP 3: SUBMIT THE APPLICATION**

Fax or mail a Patient Care application to the Foundation *before* the patient is treated. Be sure to include a detailed explanation of the treatment and estimated cost, **and a letter describing why your Club is sponsoring the applicant.** It also helps to attach supporting documents like correspondence from the doctor or applicant as well.

We'll forward the application to our Patient Care committee for approval: Terry Robertson, Chair, Fort Vancouver; Emerson Bishop, Enumclaw; Katy Carter, Burlington; Barbara Dower, Wenatchee Central; Paul Kauzlarich, Naches; George Moore, Longview Pioneer; Mike Conley, Moses Lake and Chris Zook, Port Angeles. Rest assured that it is very unusual for the committee to deny a request. The committee primarily helps to ensure you are getting the best price from a doctor or vendor, and that the request meets our guidelines.

We'll try to let you know of the decision by phone or e-mail within 3-5 business days.

## **STEP 4: PAYMENT**

Make sure the provider sends all invoices to the Foundation after the surgery has been completed or the needed item has been purchased. (Some providers take longer than others to bill, so please follow-up as necessary to prompt them.)

We'll pay the provider in full and then bill your Club for half. Once we've received your payment, we'll send you a letter or e-mail confirming that the patient's file has been closed.



# Patient Care Application

## ***Patient Information***

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Age

\_\_\_\_\_  
*If a minor, name of guardian*

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state & zip

\_\_\_\_\_  
Patient or guardian's signature

\_\_\_\_\_  
Date

## ***Treatment Information***

Professional diagnosis: \_\_\_\_\_  
\_\_\_\_\_

Recommended treatment (e.g. medical procedure, adaptive equipment):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost: \_\_\_\_\_

**\*\*\* Please attach details on the treatment and cost as necessary. \*\*\***

\_\_\_\_\_  
Name of doctor (if applicable)

\_\_\_\_\_  
Name of organization

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state & zip

\_\_\_\_\_  
Telephone number

# Patient Care Application (cont.)

## Club Information

\_\_\_\_\_  
Name of Lions Club submitting application

\_\_\_\_\_  
Contact Lion

\_\_\_\_\_  
Title

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state & zip

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail

By signing below, we endorse this application and agree that our Club will abide by its terms. We also understand that the Northwest Lions Foundation presents this program as charitable aid and that there is no implied or implicit guarantee of the quality of services or equipment associated with the program. The Foundation knows the providers to be professional but does not warrant their services.

\_\_\_\_\_  
Signature of Lions Club President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lions Club Secretary

\_\_\_\_\_  
Date

*Please mail or fax completed application to:*



Patient Care Program  
Northwest Lions Foundation  
1200 6<sup>th</sup> Ave., Suite 300  
Seattle, WA 98101

**Fax: (206) 838-4627**

Call Marsha Rastatter at (800) 847-5786 or (206) 682-8500 if you have any questions.