

# Northwest Lions Foundation

Restoring Sight, Hope & Hearing



Northwest Lions Foundation  
1200 6th Ave., Ste. 300  
Seattle, WA 98101

**\*Please read carefully as instructions have changed\***

## **STEP 1: CLUB DECIDES TO SPONSOR A PATIENT**

The Northwest Lions Foundation is a funding source of last resort intended for the needy residents of Washington & Northern Idaho. Patient eligibility requirements: 1) must be a resident within the boundaries of Washington & Northern Idaho. 2) financially unable to pay for his or her own hearing care through personal resources, health insurance, government assistance, or other social services. 3) Patient must have a 40+ db HL (Pure Tone Average or Speech Reception Threshold) to qualify and be **18 years or older**.

**Qualified patients will be fit with new digital – Starkey Muse i 1000 RIC aids. Only approved applications will be eligible, any other make, model or style will not be considered:**

We ask that each club income qualify patients. The foundation has no standard method for income qualifying of individuals, leaving that to the Club's discretion. ***The Foundation recommends that each club consider individuals at or below 133% of the Federal Poverty Level,*** (see attached). The foundation understands that many extenuating circumstances exist, so the Federal Poverty Level is simply a guideline. In cases where an individual falls above our recommended guidelines please include a brief statement regarding why your club is still considering them for sponsorship. This should be no longer than 1 page.

Note — Patients will have a one-time personal Co-Pay of \$50.00. This must be paid directly to the service provider's office at the time of their fitting appointment.

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

**The** starting point will vary. In some cases, an applicant will already have a hearing care provider. In others, the applicant will need help finding a provider. We do encourage you to contact a provider you have used in the past and explain the new Hearing Program to them. ***In either case, it is the club's responsibility to contact the provider to see if they will provide the audiogram, fitting, molds, one-month follow-up and 6 month checkup using our provider service schedule pricing (attached).***

**If you are not able to seek out a provider, feel free to call us, we may be able to refer you to a provider. Again, it is the club's responsibility to contact hearing providers and work with them to be sure they understand how our program works.**

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

Send completed Hearing Aid Program application to the Foundation **BEFORE** the patient is treated. **Fax: 206-838-4627, email: [marshar@nlfoundation.org](mailto:marshar@nlfoundation.org) or Northwest Lions Foundation, 1200 6<sup>th</sup> Ave., Seattle, WA 98101.** Once **the completed and approved application is received, a confirmation letter will be sent to the club.** The Club will inform the patient of the approval and ask them to contact the provider to make an appointment. We will then forward the patient's application to the provider.

*Northwest Lions Foundation - Hearing Program (serving residents of  
Washington and Northern Idaho) Revised 3/18/2019*

## **STEP 4: BILLING & PAYMENT**

Once the patient is fit with the hearing aids, the hearing care provider should send the invoice for the fitting fee directly to the Northwest Lions Foundation. We will pay the invoice at the foundations approved rate and bill your Club for half.

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### **Patient eligibility - Income Qualification**

**Each patient should be income qualified by the sponsoring Lions Club.** Patients who qualify for hearing aids generally are those who fall at or below the Federal Poverty Level. Once the patient has been income qualified, the sponsoring Lions Club should send the completed Lions Hearing Aid Program Application to the Northwest Lions Foundation.

The following guidelines are the 2020 Federal Poverty Levels. There may be extenuating circumstances, each patient is different. Again, this is a guide; however the foundation expects Lions Clubs to follow this guide as closely as is reasonably possible.

#### **Federal Poverty Level**

<b>Household Size</b>	<b>100%</b>	<b>133%</b>	<b>138%</b>	<b>250%</b>	<b>400%</b>
1	\$12,490	\$16,612	\$17,236	\$31,225	\$49,960
2	\$16,910	\$22,490	\$23,336	\$42,275	\$67,640
3	\$21,330	\$28,369	\$29,435	\$53,325	\$85,320
4	\$25,750	\$34,248	\$35,535	\$64,375	\$103,000
5	\$30,170	\$40,126	\$41,635	\$75,425	\$120,680
6	\$34,590	\$46,005	\$47,734	\$86,475	\$138,360
7	\$39,010	\$51,883	\$53,834	\$97,525	\$156,040
8	\$43,430	\$57,762	\$59,933	\$108,575	\$173,720

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# Lions Hearing Program

Northwest Lions Foundation  
1200 6th Ave., Ste. 300  
Seattle, WA 98101

Phone: (206) 838-4668  
Toll free: (800) 847-5786  
Fax: (206) 838-4627  
[www.nlfoundation.org](http://www.nlfoundation.org)

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## Applicant Information:

Full Name (Please Print) \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Telephone Number (contact person): \_\_\_\_\_ Age: \_\_\_\_\_ ( ) Male ( ) Female

Contact person: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

*Patients will have a one-time personal co-Pay of \$50.00. This must be paid directly to the service Provider at the time of their first appointment.*

## Provider Information:

Provider: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City, State & zip: \_\_\_\_\_ Fax number: \_\_\_\_\_

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## Club Information:

Club: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address (C, S, Z): \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**The Northwest Lions Foundation will pay half of the costs associated with any approved application!** These include the cost of the hearing evaluation, the hearing aids, the ear molds, and the fitting. Inform the provider that their invoice should be sent to the Northwest Lions Foundation. We will pay for hearing aids and provider services then invoice your club for half.

*By signing below, we endorse this application and understand that the Northwest Lions Foundation presents this program as a service and that there is no implied or implicit guarantee on the products or services received.*

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

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

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**Please enclose an explanation of the process your club used to determine financial need for this applicant.**