



## Maine Lions Sight and Hearing Foundation Sight Services and Hearing Aid Program



Dear Applicant,

Thank you for contacting the Maine Lions Sight Services and Hearing Aid Program.

The Sight Services and Hearing Aid Program will provide financial assistance to income-eligible Maine residents (*monthly income cap 300% FPL*) to obtain sight saving services, eyeglasses, or hearing aids if you have no other coverage.

The maximum financial assistance for sight services or eyeglasses is \$75.00, according to prescription and medical necessity at local participating providers, as well as your local Walmart Vision Center, or Lens Crafters.

Once your completed application has been received you will be contacted to guide you to the next step of the process. Average application processing time is 30 days; some applications take longer.

If you are applying for hearing aid(s) assistance, you will be responsible for the \$65.00 hearing aid ear mold, to be paid at the time of fitting service. The program will pick up the entire cost of the refurbished hearing aid device(s).

As Lions, we take pride in our motto **“We Serve”** and in assisting members of our communities. We look forward to working with you.

Please contact me should you have any questions or require further assistance.

Thank you,  
Lion Tia Knapp, SS & HA Program Coordinator  
Maine Lions Sight and Hearing Foundation  
Email: [mainelionssightandhearing@gmail.com](mailto:mainelionssightandhearing@gmail.com)  
or text (207) 931-8098



**1917 - 2017 Celebrating 100 years of service** Lions Clubs International is an international secular, non-political service organization founded by Melvin Jones in 1917. *Where there's a need, there's a Lion.* Lions Clubs International is the largest service club organization in the world. Our 1.4 million members perform valuable service in 210 countries and geographic areas around the globe. Lions are friends, family and neighbors who share a core belief: *community is what we make it.*



# Maine Lions Sight and Hearing Foundation

## Application for Sight Services or Hearing Aid Program



Thank you for contacting the Maine Lions Sight Services and Hearing Aid program. In order to determine whether we can be of help to you, we need to have the following application completed and signed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

➤ **Number in Household (Including self)** \_\_\_\_\_

➤ **Assistance requested for:** Self: \_\_\_\_\_ Other: \_\_\_\_\_ **Applicants Age:** \_\_\_\_\_

Please describe briefly why you need assistance:

\_\_\_\_\_

\_\_\_\_\_

➤ **Have you previously received assistance from the Lions?** YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, please provide details of assistance and the date assistance was provided:

\_\_\_\_\_

(MM/DD/YY): \_\_\_\_\_

➤ **How did you hear about our assistance program?** \_\_\_\_\_

If referred by a case worker, if so please provide contact information (Name, telephone #):

\_\_\_\_\_

➤ **Type of assistance currently requested:** Eye care: \_\_\_\_\_ Eyeglass: \_\_\_\_\_ Hearing aid(s): \_\_\_\_\_

➤ **Date your eyeglasses or hearing aid(s) last changed:** (MM/YY) \_\_\_\_\_

➤ **If you are applying for Hearing Aid Assistance:**

Do you currently have hearing aids? \_\_\_\_\_ If yes, how many? \_\_\_\_\_ Are they working? \_\_\_\_\_

*\*\*Please note your application cannot be processed without the following exam date information*

Recent eye exam date: \_\_\_\_\_ OR recent hearing exam date: \_\_\_\_\_

Doctor/provider who provided Exam: \_\_\_\_\_

*\*Eyeglass prescriptions are filled by local preferred providers (Walmart Vision Centers or Lens Crafters) for best pricing unless otherwise noted. If Other,*

Provider Name: \_\_\_\_\_ Tel#: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

➤ **Do you have health insurance?:** Maine Care \_\_\_\_\_ Medicare \_\_\_\_\_ Other \_\_\_\_\_ None: \_\_\_\_\_

➤ **Your Monthly Income:** Self \$ \_\_\_\_\_ MO. Spouse \$ \_\_\_\_\_ MO.

Social Security \$ \_\_\_\_\_ SSDI \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ Workers compensation \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Food supplement/SNAP \$ \_\_\_\_\_ TANF \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_ Total Monthly Income \$: \_\_\_\_\_

MLS&HF USE ONLY: PO # \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Vendor \_\_\_\_\_

SS & HA Application

Updated: 1.1.2017

**Monthly Expenses :**

Rent / Mortgage	\$ _____
Car Payment	\$ _____
Electric	\$ _____
Telephone	\$ _____
Heating	\$ _____
Cable / Internet	\$ _____
Insurances (Home, Vehicle, Life etc.)	\$ _____
Total monthly expenses \$ _____	

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I understand that my application may be forwarded to my local area Lions Club and that I will be notified if this is the case.

I understand I will be notified of financial assistance approval by the Maine Lions Sight Services and Hearing Aid Program Coordinator. I also understand, if approved, maximum assistance granted is \$75 for sight services to be paid by the Maine Lions Sight and Hearing Foundation directly to the participating provider. If approved for hearing aid(s) assistance, I understand I will be responsible to pay for each hearing aid ear mold, \$65 each ear, to be paid directly to the Maine Lions preferred hearing device provider at time of fitting service.

I agree to give the Maine Lions Sight Services and Hearing Aid Program representative(s) permission to verify all information provided on this application. I understand that the Maine Lions reserve the right to determine and select the eye care, eye glass or hearing aid(s) service providers.

**Applicant Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Questions regarding application:*

Email: [mainelionssightandhearing@gmail.com](mailto:mainelionssightandhearing@gmail.com) or text (207) 931-8098

Please Mail / Email Application:  
Maine Lions Sight and Hearing Foundation  
Sight Services and Hearing Aid Program  
c/o Lion Tia Knapp  
23B Winthrop St.  
Hallowell, ME 04347

MLS&HF USE ONLY: Income/debt ratio: \_\_\_\_\_  
FPL % \_\_\_\_\_