



**Georgia Lions
Lighthouse Foundation**
Better vision. Better hearing. Better Georgia.

Thank you for contacting the Georgia Lions Lighthouse Foundation Hearing Program for hearing aid assistance. The Lighthouse is only an administrative office. We partner with statewide audiologists and hearing aid dispensers in providing our applicants with hearing services.

The Lighthouse offers a hearing aid package, which includes hearing aid, earmold, and three appointments to the Lighthouse Provider. (Please refer to Brochure for more information) The cost of the hearing aid package is on a sliding scale and is determined by household monthly income and type of aid needed. If applicant meets eligibility requirements, the payment request letter will include the cost of the hearing aid package.

Persons under the age of 21 can obtain hearing aids through GA Medicaid at 1-866-211-0950 or 770-570-3373. Children may also obtain hearing aids through the Children's Miracle Ear Foundation at 1-800-234-5422. If you are not a resident of GA, we suggest you contact Hear Now, the National Hearing Aid Bank at 1-800-648-HEAR for further assistance. If your income is over 200% of the federal poverty guidelines, we suggest you contact AUDIENT at 1-877-283-4368 for further assistance.

Make sure you fill out the application form completely and include the required documents. Forms that are not completed could cause your application to be delayed or denied. Make a copy of the application for yourself and mail the original to the: Georgia Lions Lighthouse Foundation 1775 Clairmont Rd Decatur, GA 30033

1. Identification (Please provide one of the following):

- a. GA Driver's License
- b. State of GA Identification Card
- c. GA birth certificate
- d. Voter's Registration Card, OR
- e. Georgia Medicaid Card

(If you are a Georgia Medicaid Patient, please attach a copy of the Georgia Medicaid Card with your application)

2. Proof of Residency (Please provide one of the following):

- a. Lease Contract (if renting)
- b. Mortgage Statement if you own your home
- c. Referral from shelter or transitional home, or
- d. Referral from nursing home

3. Proof of Income: Household income must include all persons residing at the applicants address.

**Please provide the following information for everyone living at the applicants address:
Last years Tax Return and any of the following that apply**

- a. Three current pay check stubs
- b. Social Security Administration Award Letter
- c. Food Stamp Papers from Family & Children Services (award summary notification)
- d. Unemployment claim, if unemployed – wage inquiry statement from GA Dept. of Labor
- e. Information indicating the applicant is receiving TANF, Social Security Disability, Pension, Retirement, Veterans Administration Benefits, or any other sources of income
- f. Last three months of bank statements and/or
- g. Letter from nursing home stating income benefits

4. Hearing Test must be completed by a Lighthouse Provider. Please contact Lighthouse for a list of Providers in your area. Hearing test cannot be older than 6 months. The Lighthouse does not pay for the hearing test. Medicaid and Medicare may or may not cover an annual hearing exam.

5. Authorization of Release of Information: Complete this form only if you want someone else besides yourself to contact the Lighthouse Foundation on the status of your hearing aid application. An example would be the applicant's spouse or sibling.

AUDIOLOGIST/DISPENSER RECOMMENDATION

This section must be completed by the hearing professional. **** (Please include copy of hearing test (audiogram) as instructed on page one)**

Business Name: _____

Name and Title of Hearing Professional: _____

Phone Number: _____ Fax Number: _____

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____

What contributed to the applicant's hearing loss?

Heredity Work-Related Injury Aging Other

Please specify the applicant's degree of hearing loss:

Mild Moderate Moderately Severe Severe Profound

Please indicate the type and number of aid(s) recommended:

Right Ear: None BTE ITE **Left Ear:** None BTE ITE

Is this facility a Lighthouse Provider: Yes No

If No, are you interested in becoming a Lighthouse Provider? Yes No

Please contact us at 404-325-3630 Ext 305 or visit our website, **www.lionslighthouse.org**, for more information.

MEDICAL INFORMATION

If this is your first time using hearing aids, we suggest that you first get an examination by a medical doctor (preferably an ear specialist) to specifically check for any of the following conditions:

1. Visible congenital or traumatic deformity of the ear
2. History of active drainage from the ear within the last 90 days
3. History of sudden or rapidly progressive hearing loss within the last 90 days
4. Acute or chronic dizziness
5. Unilateral hearing loss of sudden or recent onset within the previous 90 days
6. Audiometric air-bone gap equal to or greater than 15 decibels at 500(Hz), 1000 (Hz), and 2000
7. Visible evidence of earwax (cerumen) or any foreign body in the ear canal
8. Pain or discomfort in the ear

If you have any of the above please consult a medical doctor first. If you do not want a medical examination, the Federal Law allows a fully-informed adult to sign a waiver statement declining the medical evaluation.

MEDICAL CLEARANCE FOR HEARING AID USE

Medical Clearance must **only** be signed and dated by a physician

This statement must be completed and signed by a licensed physician (M.D.). Applicants may select to sign the Medical Waiver below.

"I certify that _____ (applicant name) was medically examined on _____ (date) and may be considered a candidate for hearing aid use."

Signature of M.D.

Date

Name of M.D. (Please Print)

MEDICAL WAIVER

I have been advised by _____ (Audiologist/Hearing Aid Dispenser) that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in disease of the ear) before obtaining a hearing aid. I choose not to have a medical evaluation before obtaining a hearing aid.

Signature Applicant

Date

Witness (if applicant signs with an "X")

Date

SURVEY

Thank you for completing this survey. The results from this survey will allow us to assess the services you receive. This survey will take approximately 20 minutes to complete.

Name: _____ Date of Birth: _____

For Questions 1-8, please circle Yes or No:

- | | | |
|---|------------|-----------|
| 1. Are you a first time hearing aid user? | Yes | No |
| 2. Do you currently wear hearing aid(s)? | Yes | No |
| 3. If you currently wear hearing aid(s), are they working properly?
How long have you worn these hearing aids? _____ Years | Yes | No |
| 4. Have you ever received hearing aid(s) from Vocational
Rehabilitation Services? | Yes | No |
| 5. Have you ever received hearing aid(s) from the Lighthouse
Foundation? | Yes | No |
| 6. Are you employed? | Yes | No |
| 7. Are you seeking employment? | Yes | No |
| 8. How long have you experienced hearing loss? _____ Years | | |

For Question 9 - 10, please circle all that apply:

9. If you currently wear hearing aid(s), what resources did you use to purchase the hearing aid(s)?

- | | | |
|--|-------------------------------------|-------------------|
| a. Family | b. Charity Organization Name: _____ | c. Nursing Home |
| d. HMO, Insurance, VA Benefits
Foundation | e. Cash | f. Credit Program |
| | | g. Lighthouse |

10. How were you referred to the Lighthouse Foundation?

- | | | |
|---|----------------------|--------------------------------------|
| a. Department of Family and Children Services | b. APS Healthcare | c. United Healthcare |
| d. Medicaid/Medicare Specialist | e. Nursing Home | f. Senior Center |
| g. Vocational Rehabilitation Services | h. Lions Club | i. Audiologist/Hearing Aid Dispenser |
| j. Website | k. Newspaper Article | l. Other _____ |

For Questions 11 - 20, please circle Yes, No, or Sometimes:

- | | | | |
|--|------------|-----------|------------------|
| 11. Does your hearing problem cause you to feel
embarrassed when you meet new people? | Yes | No | Sometimes |
|--|------------|-----------|------------------|

12. Does your hearing problem cause you to feel frustrated when talking to members of your family?	Yes	No	Sometimes
13. Do you have difficulty hearing when someone speaks in a whisper?	Yes	No	Sometimes
14. Do you feel handicapped by a hearing problem?	Yes	No	Sometimes
15. Does your hearing problem cause you difficulty when visiting friends, relatives, or neighbors?	Yes	No	Sometimes
16. Does your hearing problem cause you to attend religious services less often than you would like?	Yes	No	Sometimes
17. Does your hearing problem cause you to have arguments with family members?	Yes	No	Sometimes
18. Does your hearing problem cause you difficulty when listening to TV or radio?	Yes	No	Sometimes
19. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	Yes	No	Sometimes
20. Does your hearing problem cause you difficulty when in a restaurant with relatives or friends?	Yes	No	Sometimes

For Questions 21-25, please circle the best answer.

21. The members of my family are annoyed with my loss of hearing.

a. Strongly disagree b. Slightly disagree c. Neither d. Slightly agree e. Strongly agree

22. I tend to be negative about life in general because of my hearing loss.

a. Strongly disagree b. Slightly disagree c. Neither d. Slightly agree e. Strongly agree

23. Since I have trouble hearing I hesitate to meet new people.

a. Strongly disagree b. Slightly disagree c. Neither d. Slightly agree e. Strongly agree

24. I do not enjoy my job as much as I did before I began to lose my hearing.

a. Strongly disagree b. Slightly disagree c. Neither d. Slightly agree e. Strongly agree

25. Conversations in a noisy room prevents me from attempting to communicate with others.

a. Strongly disagree b. Slightly disagree c. Neither d. Slightly agree e. Strongly agree

AUTHORIZATION FOR RELEASE OF INFORMATION

This form should only be completed if the applicant wants someone else to contact the Lighthouse about their hearing aid application.

I hereby request and authorize:

(Name of Person that the Applicant wants to Obtain their Private Health Information)

Address of above Named Person

City, State, Zip Code

to obtain from:

Georgia Lions Lighthouse Foundation
1775 Clairmont Rd
Decatur, GA 30033

the following types of information from my records (and any specific portion thereof):

For the purpose of:

I understand that the Federal Privacy Rule("HIPPA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained by this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for Lighthouse services is not conditioned upon my provision of this authorization. I intend for this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (Please Check One)

___ ninety (90) days until I specify an earlier expiration date here: _____

___ one (1) year

___ the period necessary to complete all transactions on matters related to services provided to me. I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

Signature of Applicant (Person Applying for Hearing Aids)

Date

Signature of Witness (Title of Relationship)

Signature of Authorized Representative
(Person that has the right to Applicants Private Health Information)