

# Club Request for Project Assistance



MAKING



DIFFERENCE



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## LIONS CLUB APPLICATION 2018-2019

Valid July 1, 2018 through June 30, 2019



LIONS  
Sight & Hearing  
Foundation of New Hampshire, Inc.



LIONS  
**Sight & Hearing**  
Foundation of New Hampshire, Inc.

Dear LIONS Club Health Liaison Officer and Club President,

Thank you for turning to the ***Sight & Sound Program*** of the LIONS Sight & Hearing Foundation of New Hampshire, Inc. for the cataract surgery and/or hearing assistance of a member of your community (Note that there is a separate application for eyeglass assistance). We exist only through the extraordinary efforts of the LIONS Clubs of New Hampshire. Your support of this endowment through donations, participation in foundation fundraising efforts and the screening of applicants to the ***Sight & Sound Program*** create tremendous opportunities for those in and around our community to see and hear the world around them.

The ***Sight & Sound Program*** continues to serve as the charitable giving arm of the Lions Sight & Hearing Foundation. The Immediate Past President of the Board of Directors, PCC Ray Hill, is the ***Sight & Sound Program*** coordinator with responsibility for coordinating, reviewing and presenting the application submitted with this **Club Request for Project Assistance** form.

The LIONS Sight & Hearing Foundation of NH, Inc. is committed to helping as many people in the state of New Hampshire as possible. When an applicant contacts your Lions Club for help, please provide them the ***Sight & Sound Program*** application. When the applicant has completed the application and submitted it to you; please review it for completeness and authenticity.

As a member of your community, you may have more knowledge of the applicant than we could ascertain just from their application.

Deeming the applicant worthy and the application complete and , send the application, applicant's supporting documents, applicant's \$50 fee along **with** this **Club Request for Project Assistance** (CRPA) form and a \$150 club donation - it can be more if possible to:

**LIONS Sight & Hearing Foundation of NH, Inc, care of:  
PCC Ray Hill, Project Coordinator  
45 Whitten Road, Milford, NH 03055**

The submission of the applicant's application, applicant's supporting documents, applicant's cashier's check/money order, the club's donation along with this Club Request for Project Assistance will comprise the total request for funding.

If there are any questions about the process or the paperwork, please contact me at (603) 673-8075.

I am honored to be of service to you and to our state-wide communities.

Respectfully yours in Lionism,

*Ray Hill*

PCC Ray Hill-Chairperson

***Sight & Sound Program***

## Directions for Submitting: Club Request for Project Assistance form (CRPA)

1. **Do Not Proceed With a Project** until approved by Lions Sight & Hearing Board of Directors.
2. Each club is solely responsible for collecting basic/case information: background, doctor or medical information, and determining preliminary financial need.
3. The Health Liaison Officer or Club President (for clubs without a designated Health Liaison Officer) completes the Club Request for Project Assistance (CRPA). Please print legibly and complete all sections of CRPA.
4. **Complete the FINANCIAL SECTION as follows:**

<sup>2</sup> "TOTAL AMOUNT OF PROJECT"	the full retail cost of the service or hearing aid(s)
<sup>2</sup> "DISCOUNT"	discount that the provider will donate
<sup>2</sup> "CLUB PARTICIPATION"	amount your club will pay toward the project
<sup>2</sup> "APPLICANT PARTICIPATION"	amount the applicant/recipient will pay toward the project
<sup>2</sup> "REQUESTED ASSISTANCE AMOUNT"	amount your club is requesting
5. Please note that the maximum amount per hearing aid, per policy, for the "Requested Assistance Amount" as of March 1, 2016, can be no more than \$600. Please increase the amounts from the applicant, the applicant's family, or the club, to get the Requested Assistance Amount at or below \$600 for one hearing aid, or \$1,200 for two.
6. Include Doctors assessment and reason they are recommending a particular hearing aid(s)/treatment. Please also include estimated cost / invoice and any documentation pertaining to the project. It is suggested a note is included on the bottom stating: "This letter of recommendation is also an invoice, if approved please pay from this invoice."
6. Mail the CRPA, Applicant's application, Applicant's supporting documentation, Applicant's participation and Club's participation to : PCC Ray Hill - Project Coordinator; Call with questions.
7. Project Coordinator will review and clarify with appropriate sources. Incomplete paperwork will be returned. Should further clarification be requested, please complete as quickly as possible.
8. In the event the project is for hearing aid(s) for a child 17 years of age and younger, the Project Coordinator may make arrangements for the parents / guardian to apply to Miracle Ear's Children's Foundation.
9. The Health Liaison Officer/President, doctor's office and/or the applicant may be contacted for further clarification on the project before presentation to the LIONS Sight & Hearing Foundation Board.
10. Project Coordinator will notify the Health Liaison Office / Club President of the Board of Director's decision. Please follow the directions in the approval letter.
11. The Project Coordinator will act upon Board of Directors decision or questions.
12. Mail your requests directly to the Project Coordinator listed below:

PCC Ray Hill, Project Coordinator  
45 Whitten Road  
Milford, NH 03055  
PHONE: (603) 673-8075  
Email Address: raymondhill40@comcast.net

# CLUB REQUEST for PROJECT ASSISTANCE form (CRPA)

(Please Print Clearly)

**PROJECT #:** \_\_\_\_\_

(For use of S&H Foundation only)

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

Club Requesting Assistance: \_\_\_\_\_

**Club President:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Health Liaison Officer:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  Male  Female

Other Sources of Aid Available:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent / Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Attending Doctor / Service Provider:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**PURPOSE OF ASSISTANCE REQUESTED / DESCRIPTION OF THE PROJECT:** \_\_\_\_\_

**PLEASE ATTACH "RECOMMENDATION / ESTIMATE / INVOICE" FROM THE SERVICE PROVIDER. It is suggested that a note be included on the bottom stating: "This letter of recommendation is also an invoice. If approved, please pay from this invoice."**

Mail Application to:

PCC Ray Hill - Project Coordinator

***Sight & Sound Program***

45 Whitten Road

Milford, NH 03055

Phone: (603) 673-8075

Email: **raymondhill40@comcast.net**

TOTAL AMOUNT OF PROJECT	\$ _____
DISCOUNT:	\$ _____
CLUB PARTICIPATION:	\$ _____
APPLICANT PARTICIPATION:	\$ _____
REQUESTED ASSISTANCE AMOUNT:	\$ _____