Sight & Sound Program

APPLICATION 2021-2022

Valid July 1, 2021 through June 30,2022

LIONS
Sight & Hearing
Foundation of New Hampshire, Inc.

LIONS
Sight & Hearing
Foundation of New Hampshire, Inc.

Dear Applicant,

Thank you for contacting ***Sight & Sound*** of the LIONS Sight & Hearing Foundation of New Hampshire, Inc. for your cataract surgery and/or hearing assistance. We exist to provide assistance to those with *no other resources* to help them see or hear the world around them. The LIONS Clubs of New Hampshire support the efforts of this endowment as do the participating healthcare providers located around the state. Their involvement is crucial to the success of this program and we truly appreciate their efforts in this process. If your need is restricted to eyeglasses, there is a separate application form.

Eligibility to the ***Sight & Sound*** Program is based on the applicants lack of ability to fund these services on their own. If you have the ability to purchase hearing aids or eyeglasses or vision services through any of the following resources such as: a family member, checking or savings accounts, mutual funds, 401 (k) plans, IRA accounts, CDs (certificates of deposit), stocks, bonds, treasury bills, property or any other instrument of value, then these avenues should be pursued instead of making an application to this program. ***Sight & Sound*** reviews all resources in determining your level of assistance. Our goal is to help those who truly cannot help themselves. As such, the hearing aids, eyeglasses and vision care will be of a quality commensurate with the hopes of helping as many people as possible within the limits of the funding of the endowment and the support of the LIONS Clubs of the state of New Hampshire. **This should be viewed as a program of last resort.**

The applicant will contact their nearest LIONS club to initiate the process this application. A processing fee of $50 from the applicant and a minimum of $150 from the sponsoring Lions Club, should accompany this application when submitted to the sponsoring Lions Club. The sponsoring LIONS Club will then submit the application to the Lions Sight & Hearing Foundation for review and approval. Every application will be reviewed for eligibility and should the application fail to meet all of the eligibility requirements, the processing fee may not be returned. We make every effort to assist those who truly need assistance. Should you have any questions, please feel free to contact the Project Coordinator, Lion Dan Diemand, 36 Quaker St. Newton, NH 03858, (603)-819-8112, djdiemand7@gmail. **Mail completed application to the sponsoring Lions Club.** If unable to reach a Lions Club, mail to:
Lion Dan Diemand, 36 Quaker St. Newton, NH 03858.

INFORMATION TO CONSIDER **BEFORE** COMPLETING THE *SIGHT & SOUND* APPLICATION

1. Income Guidelines: All income figures are NET. Net means the amount you actually receive in your check(s) regardless of the source. You can qualify if you are earning less than these annual incomes:

2.

HOUSEHOLD	INCOME
1 person	$25,760
2	$34,840
3	$43,920
4	$53,000

3. Application and Order Processing Fee: $200 (Minimum $150 paid by the sponsoring LIONS CLUB & $50 paid by applicant).

4. Residence: Applicant must be sponsored by a LIONS CLUB chartered/located within the State of New Hampshire. Applicant either must reside in NH or be in a neighboring town covered by a sponsoring NH Lions Club.

5. **In determining eligibility, *Sight & Sound* Program considers the following:**
   all available funds, assets, and hearing and/or vision loss.

   a. Household Size (Household is defined as those living together or dependent on each other).

   b. Net Monthly or Annual Income from all in the household who have income. **Possible sources of income are:**

   - Social Security and SSI
   - Child Support
   - Public Assistance
   - Alimony
   - Welfare
   - TANF
   - Disability
   - Work Pension
   - Wages
   - Old Age Pensions
   - Black Lung Payments
   - Interest from Stocks,
   - IRAs, 401(k)s
   - VA Premium

   c. Assets (include, but not restricted to)

   - Checking
   - Money Market Accounts
   - Annuities
   - IRA / 401(k)
   - Reverse Mortgage
   - Savings
   - CDs
   - Home Equity Line
   - Stocks / Bonds
   - Property

6. Review Addendum A—Page 13 for a list of practitioners that may be able to serve your need(s).

LIONS Sight & Hearing Foundation of NH's *Sight & Sound* Program reserves the right to change eligibility criteria without prior written notice.

HOW TO COMPLETE THE PROCESS

1. **Review and understand the application completely.**

2. **Contact the LIONS club nearest your home.**
   - To find the LIONS club nearest your home, go to: http://nhlions.org/links.html, and click the link to the website for the club.
   - Call the President or Health Liaison of the LIONS club nearest your home. Ask them if they would sponsor your application.
   - If no response from the LIONS club you contacted, call Lion Dan Diemand, at 603-819-8112 to discuss your eligibility.

3. **Find a vision or hearing health care provider in your area who works with the *Sight & Sound* Program.**
   - This application provides you a list of health care providers currently associated with the *Sight & Sound* program.
   - If there is a health care provider you would like to work with and they not on the enrolled list of providers, feel free to refer them to the Sight & Hearing Foundation of New Hampshire, Inc.

4. **Schedule an appointment with the health care provider. See Addendum A , Page 13 - List of Healthcare Practitioners.**
   - Have the health care provider complete page 10 of this application.
   - Obtain a copy of your hearing/vision test results from the health care provider and include with this application.

5. **Complete pages 5, 6, and 7. NOTE: the applicant's signature is required on page 7.**

6. **Complete page 11 and Page 12 - the HIPAA Authorization Form.**
   - Page 11 - The primary care provider must sign the top for cataract surgery OR the applicant must sign the bottom for hearing aids.
   - Page 12 - The applicant must sign the HIPAA Authorization Form to complete application.

7. **Collect and attach income information for all those in the household.**

8. **Collect and attach copies of current tax returns and bank statements.**
   - Tax return must be no older than one year - include all W2's and 1099's.
   - Bank statements are needed for each account belonging to each individual in the household.
   - A copy of each page of each statement is required including copies of checks associated with the bank statement.

9. **Collect the other necessary support documentation as outlined on page 5.**

10. **Include a Money Order or Cashier's Check for the applicants portion of the processing fee: $50**
    - Make payable to: **LIONS Sight & Hearing Foundation of NH, Inc.**
    - Personal checks will not be accepted.

11. **Please do not send original documents as they will NOT be returned.**

12. **Submit application, supporting documentation and payment to your sponsoring LIONS club.**
    - Submission can be to the President of the LIONS club or to the Health Care Liaison, in person or by mail.
    - Mailing address of the LIONS club can be found at: http://nhlions.org/links.html.

13. **LIONS club will complete the Request for Funding and send the complete application to the LIONS Sight & Hearing Foundation of New Hampshire, Inc. for review and consideration.**
    - Please allow several weeks for processing as the foundation Board of Directors meets once a month.
    - Incomplete applications will be returned to the applicant.
    - You will be notified through the LIONS club if additional information is required to complete the application process.
    - LIONS Sight & Hearing Foundation of NH, Inc. *Sight & Sound* Program reserves the right to change criteria at any time without prior written notice.

GENERAL INFORMATION

(Please Print Clearly)

PROJECT #:

(For use of S&H Foundation only)

Date: _____

Applicant's Name: First_____ Middle_____ Last _____

Date of Birth: _____ Age: _____ Social Security #: _____ ◯ Male ◯ Female

Marital Status: ◯ Married ◯ Single ◯ Divorced ◯ Widowed ◯ Separated

Number in Household: _____ (Household is defined as all those living together or dependent upon each other.)

Current Address:

Street: _____

Apt or Unit # (if applicable): _____

City: _____ County: _____

State: _____ Zip Code: _____

# of years at this address: _____

Previous Address:

Street: _____

Apt or Unit # (if applicable): _____

City: _____ County: _____

State: _____ Zip Code: _____

# of years at this address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If applicant is a Minor, Parent/Guardian's Name(s): _____

Person, if other than applicant, completing this form. If Minor, list Parent/Guardian's Information

Name: _____ _____ Relationship to Applicant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

INCOME

If applicant is a Minor, list Parent/Guardian's income information

List all sources of income (salary, social security, alimony, child support, pension, stocks, bonds, etc.) for all in the household.

Applicant:

A. _____ $_____ Month or Year (circle one)

B. _____ $_____ Month or Year (circle one)

Spouse / Other:

C. _____ $_____ Month or Year (circle one)

D. _____ $_____ Month or Year (circle one)

ADDITIONAL INFORMATION

Applicant Name: _____

MARK 1 BOX FOR EACH ITEM. Unanswered questions will delay the process.

Do you currently have:	**YES**	**NO**	
Current Tax Return (filed within last year)	◯	◯	If yes, provide copy with all W2's and 1099's. If NO, please explain.
Checking Account	◯	◯	If yes, provide all pages, 3 months current bank statements. .
Savings Account	◯	◯	If yes, provide all pages, 3 months current bank statements. .
Credit Card(s)	◯	◯	If yes, provide most recent statement (s).
CD(s)	◯	◯	If yes, provide most recent statement (s).
Stocks / Bonds	◯	◯	If yes, provide most recent statement (s).
Annuity	◯	◯	If yes, provide most recent statement (s).
IRA / 401k	◯	◯	If yes, provide most recent statement (s).
Money Market Account(s)	◯	◯	If yes, provide most recent statement (s).
Burial Account	◯	◯	If yes, provide most recent statement (s).
Do you live in subsidized housing?	◯	◯	If yes, provide documentation approval notice & rent amount.

If you own your home, how much are your property taxes? _____ Send current statement.

Are you a Medicaid recipient?	◯	◯	If yes, what is card #:_____ Spend down amount:_____
Are you a TANF recipient?	◯	◯	If yes, when does coverage end?_____ How much: _____
Permanently Disabled	◯	◯	
Senior Citizen (age 65 & older)	◯	◯	If yes, what is Medicare card #: _____
Income Assistance	◯	◯	If yes, describe: _____
Insurance Coverage	◯	◯	If yes, describe: _____

Have you ever used the Lions Sight & Sound Program? If yes, describe: _____

Please include date service was provided

EMPLOYMENT INFORMATION

Employment Status: ◯ Employed ◯ Other ◯ Retired Occupation: _____

Name of Current Employer:_____ Date Hired: _____

Phone: _____ Time employed: _____ (Years / Months) Date Left: _____

Name of Previous Employer:_____ Date Hired: _____

Phone: _____ Time employed: _____ (Years / Months) Date Left: _____

HOUSEHOLD INFORMATION

Household is defined as all those who live together or are dependent on each other.

Number in Household: _____ List names of individuals in household. **Use additional paper if necessary.**

Name	Relationship	Age of Person	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HIOUSEHOLD EXPENSES—MONTHLY

Apartment Rent / Mortgage Payment: _____ and/or Amount paid by Section 8: _____

Heat & Electric: _____ Fuel Assistance Received: _____ Food Allowance Received: _____

Recurring Medical Expenses:_____ Vehicle Expenses: _____

Other Expenses: _____

RELEASE OF INFORMATION

I, the undersigned applicant/patient, understand I must work within the guidelines of the *Sight & Sound* Program of the LIONS Sight & Hearing Foundation of NH, Inc. a charitable non-profit 501(c)(3) and I agree to act in a civil and courteous manner with all people who are working to provide me with this treatment at little to no cost depending on the individual case. I also have been advised and understand follow-up care is critical to my successful treatment & recovery. Failure to attend follow-up appointments with the practitioners will jeopardize my treatment & recovery. I submit to *Sight & Sound* concerning my annual income, family size, family resources, insurance, medical history and all financial information are subject to verification by the LIONS Sight & Hearing Foundation of New Hampshire, Inc. and/or their agents. This verification will be done by phone, letter, email and/or credit check and **I hereby authorize your requesting my credit report**. **I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance at any point during the process.** I hereby authorize any individual or organization to release to the *Sight & Sound* Program any information necessary to confirm statements made in this application. **I agree to hold *Sight & Sound Program*, LIONS Sight & Hearing Foundation of NH, Inc. and any LIONS CLUB of NH harmless from any injury resulting from treatment paid by them or associated with this application. I also understand that there are no expressed or implied services other than an exam and/or hearing aids.**

Applicant Signature: _____ Applicant Signature: _____

PRINT Name: _____ PRINT Name: _____

Date:_____ Date: _____

(If applicant is a Minor, Parent / Guardian signature required)

If signed by Power of Attorney, (POA), please send copy of POA. The laws of the state of New Hampshire shall govern the resulting transaction and any claim or dispute arising out of such transaction.

ADDITIONAL NOTES OR INFORMATION

Use this space to provide additional information, if necessary.

LIONS
Sight & Hearing
Foundation of New Hampshire, Inc.

Dear Hearing or Vision Health Care Provider:

Sight & Sound, a program of the LIONS Sight & Hearing Foundation of New Hampshire, Inc. is committed to helping low income individuals who reside in the state of New Hampshire and lack the resources to obtain needed vision care, and/or hearing aids. This program could not exist without the participation and enthusiasm of like-minded practitioners such as you. The commitment you show toward your community is a direct reflection of your practice. The LIONS Clubs of New Hampshire and the LIONS Sight & Hearing Foundation of NH, Inc. are equally committed to the many citizens of our state wide community in need of your services and our support.

As you review the needs of the client in front of you, please take the time to provide us with as much information as possible regarding the clients vision or hearing condition and your recommendation for mitigating this condition to whatever extent possible under the guidelines of the *Sight & Sound* Program. An applicant's file is not complete without a written recommendation for care as provided by you, the practitioner. This written quotation should include, but is not limited to the following information:

- Original cost of hearing aid(s) and/or eye surgery
- Cost of ear mold(s), if any
- Batteries
- Insurance for loss and/or damage
- Discount cost of hearing aid(s), ear molds, eye surgery, etc.
- Professional fees (evaluation, fitting/dispensing, follow-up, etc.
- Repair Warranty - per year
- Other items specific to this clients needs

The quotation must be submitted on your official letterhead and should include the name of a contact person who is familiar with the applicant's case.

Please note we are unable to accept applications for service or devices which have already been fitted.

The entire process of review, approval, and disbursement depends upon the completeness of appropriate paperwork and the availability of funds for disbursement. The Client Data Sheet (CDS) must accompany your recommendation of service.

Thank you in advance for your cooperation in submitting the necessary information for the cost quotation. Applications are processed as quickly as possible so that, to the fullest extent possible, no person in need will go without assistance.

LIONS Sight & Hearing Foundation of NH, Inc.'s *Sight & Sound* Program reserves the right to change eligibility criteria at any time without written notice.

CLIENT DATA SHEET — MEDICAL / AUDIOLOGICAL / VISION INFORMATION

To be completed by the provider of the service.

Name of Client: _____ Date of Birth: _____

Is this a fitting for: ◯ Hearing Aid(s) ◯ Cataract Surgery

Is the client currently aided? ◯ Yes ◯ No Is the client currently using eyeglasses? ◯ Yes ◯ No

Number of hearing aids requested: _____ If fitting only one (1) ear, which ear are you fitting? ◯ Left ◯ Right

When was the date of the client's last Hearing Test? _____ Date of last Eye Exam? _____

What is your recommendation to improve the client's hearing condition?

_____

_____

_____

What is your recommendation to improve the client's vision condition?

_____

_____

_____

PLEASE COMPLETE THIS SECTION FOR EACH CLIENT. THANK YOU

Client's Account#: _____

Name of Practitioner:_____ Name of Practice: _____

Address: _____

City:_____ State:_____ Zip: _____

Office Phone:_____ Office Fax: _____

State Licensure / Registration#: _____

ASHA #: _____ F-AAA #:_____ IHS #:_____ BC-HIS #:_____

◯ I do not have my CCC-A. Supervised by:_____ State#: _____

Signature:_____ Date:_____

E-mail address:_____

Either Section A or Section B MUST be signed to complete this application.

A MEDICAL CLEARANCE FOR HEARING AID USE and/or VISION CORRECTION

To be signed by the client's Primary Physician

Patient Name (please print): _____

The patient listed above has been medically examined and may be considered a candidate for:

◯ Hearing Aid Use ◯ Vision Correction

Physician Name (please print): _____

Physician Signature: _____ Date: _____

B WAIVER OF MEDICAL CLEARANCE FOR HEARING AID USE ONLY

To be completed and signed by the client

Client Name (please print): _____

I understand that it is in my best interest and recommended by *Sight & Sound* and the Food and Drug Administration to receive a medical examination before acquisition of hearing aids. I choose not to receive a medical examination before acquiring hearing aids.

Client Signature: _____ Date: _____

AUTHORIZATION TO USE AND DISCLOSE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION IN APPLICATION & TREATMENT

Application records that identify you will be kept confidential as required by law. Under federal privacy regulations, you have the right to determine who has access to your personal health information (called "PHI") which provides safeguards for privacy, security and authorized access. PHI collected in this application may include your medical history, results of physicals exams, lab tests, x-ray exams, other diagnostics and treatment procedures, as well as basic demographic information. The following individuals will or may have access to identifiable information related to your participation in this treatment process. Representatives from the sponsoring LIONS Club may review your PHI for the purpose of determining and making application for financial assistance. Reviewers will also include representative(s) of the Sight & Sound Program, the LIONS Sight & Hearing Foundation of New Hampshire, Inc. and healthcare practitioners for the purpose of monitoring the accuracy of the application, treatment and follow-up process. LIONS Sight & Hearing Foundation of New Hampshire, Inc. may review your PHI as part of its responsibility to ensure the funding process is implemented as directed by the Board of Directors of the LIONS Sight & Hearing Foundation of New Hampshire, Inc. Your PHI will not be used or disclosed to any other person or entity, except as required by law, or for authorized oversight of this application & treatment process. Please be aware that once PHI is disclosed, there is the possibility that your personal health information may no longer be protected by applicable privacy laws and regulations.

The application and treatment information will be retained in your research record for a minimum of six years or until such time as further treatment is not required, whichever is longer. At that time either the application information not already in your medical record will be destroyed or information identifying you will be removed. Any application or treatment information obtained in your medical record may be kept indefinitely.

This authorization does not expire. At anytime, you may cancel this authorization in writing by contacting the principal administrator listed on the first page of the application form. If you decline to provide this authorization, you will not be able to participate in the funding of this treatment. If you cancel the authorization, then you will be withdrawn from the treatment process. However, information gathered before the cancellation date may be used if necessary in completing the treatment or any follow-up for this treatment.

In accordance with the USA Health System Privacy Notice document, you are permitted to obtain access to your PHI collected or used in this application or treatment. Such access will be granted upon written request submitted to the Project Coordinator of the Sight & Sound Program.

I, _____ have read and understand the HIPAA information provided. I agree to make any and all information provided available to the Sight & Sound Program, LIONS Sight & Hearing Foundation of New Hampshire, Inc., sponsoring LIONS Club and those practitioners involved in the diagnosis, treatment and financial assistance as initiated by the making and submission of this application.

_____ _____

Signature of Applicant Date

Vision Practitioners—Contact List

Call to make appointment—must be Sight & Sound Program

Addendum A

Androscoggin Valley Hospital	**WWW.auhnh.org**		**(**603)-752-2300
Audiology and Hearing Aids Clinic	59 Page Hill Rd, Berlin, NH 03570	Fax	(603)-326-5771
	Contact: Dr. Shannon Frye, A U D,CCC-A		
Aria Hearing LLC	**www.ariahearing.com**	**Contact:: Mrs. Chris Gulick, HIS**	
	27 Bank Street, Lebanon, NH 03766		(603) 727-9210
	33 Main Street, Littleton, NH 03561		(603) 444-2895
Audio 'D' & Finetone	**www.finetonehearing.com**	**Contact: Dr. Ted Gauthier**	
Office Mgr: Dr. Ted Gauthier	885 Roosevelt Trail, (Rte 302) Windham, ME 04062		(207) 893-2930
Office Mgr: Dr. Ted Gauthier	152 Rte 1, Suite #14, Scarborough, ME 04074 (behind Lois' Market)		(800) 643-2900
Dr. Woods Hearing Center	**www.drwoodshearing.com**	**Contact: Dr. Jessica L. Woods**	
Office Mgr: Cameron Mills	50 Nashua Road Londonderry, NH 03053		(877) 278-2032
	547 Amherst St Suite 204 Nashua, NH 03063		(603) 889-7434
Hearing Aid Shop	**www.thehearingaidshop.com**	**Contact: Dr. Jessica Williams**	
Office Mgr: Jessica Williams	22 Glendon Street, Wolfeboro, NH 03894		(603) 569-2799
	1529 White Mountain Highway, North Conway, NH 03860		(603) 356-0172
Hearing Enhancement Centers	**www.hearclearnow.com**	**Contact: Al Langley & Latoya Beck**	
Office Mgr: Latoya Beck	230 North Main St. Concord, NH 03301		(603) 230-2482
Office Mgr: Latoya Beck	36 Country Club Road, Gilford, NH 03249		(603) 524-6460
Office Mgr: Latoya Beck	5 Museum Way, Rochester, NH 03867		(603) 749-5555
New Hampshire Hearing and Balance	**www.nhdizzy.com**	**Contact: Dr. Sally Fodero**	
Office Mgr: Mark Fodero, HIS	655 Portsmouth Avenue, Greenland, NH 03840		(603) 436-4655
Professional Audiology	330 Borthwick Ave, Suite 209, Portsmouth, NH 03801		(603) 436-8668
	62 Portsmouth Ave. Unit 10, Stratham, NH 03885		(603) 778-7620
reNew Hearing	**www.renewhearing.net**	**Contact: Dana & Lori Faneuf**	
Office Mgr: Anne	750 Lafayette Road, Suite 2, Portsmouth, NH 03801		(603) 319-1701
Miracle Ear	**kboehm@fraiserenterprises.com**		
	133 Louden Rd. #19 Concord, NH 03301		603-229-1768
Vanier Hearing Center LLC	**Jason@vanierhearingcenter.com**	**Contact: Jason Vanier**	**603-728-7202**
Vanier Hearing Center	**25 South Mountain Rd. Unit 29 Lincoln NH 03251**		**603-728-7202**
Family Hearing Center	**150 Old County Rd. Unit 3 Littleton, NH 03561**		**603-259-1977**

Vision Practitioners—Contact List

Call to make appointment—must be Sight & Sound Program

Laconia Eye & Laser Center	**www.laconiaeye.com**	**Contact: Dr. Andrew Garfinkle, Dr. Douglas Scott**	
Office: Toni Fusaro, CMPE, Admin	368 Hounsell Ave, Gilford, NH 03247		(603) 524-2020
	607 Tenney Mountain Highway, Plymouth, NH 03264		(603) 536-2744
NH Eye Associates	**www.nheyeassociates.com**	**Contact: Jennifer Griffin or Dr. Kimberly Licciardi**	
Office: Jen Griffin x246	1415 Elm Street, Manchester, NH 03101		(603) 669-3925
	25 Buttrick Road, Bldg C, Unit 3, Londonderry NH 03053-3352		
	c/o Bedford Ambulatory Surgical Center, 11 Washington Place, Bedford NH 03110		
			(603) 622-3670
The Eye Center of Concord	**www.eyeconcord.com**	**Contact: Dr. Maxwell Snead**	
Office: Stacy Ballard - Billing	2 Pillsbury Street, Concord, NH 03301		(603) 228-1114
Office: Genevieve Hartwick - Surgical Coordinator			