

District 2-A2 Human Needs Board
PROCEDURES FOR HEARING AID ASSISTANCE
For Children/Youth 18 Years and Younger
(revised 8/1/18)

The Human Needs Board (HNB) completed and signed a contract with the Hearing and Balance Department (H&B) to provide the hearing tests and recommend the proper hearing aids. The HNB will only work with the H&B for hearing aids needed for those 18 years of age and under whose total Household income is between 151% to 200% of Federal Poverty Guidelines. (*See below*). The Hearing and Balance Department will do all the diagnostic testing, fitting, and recommend which hearing aid model should be used after receiving the HNB approval letter.

After submitting a request (Application) and all supporting documentation to HNB, allow a minimum of 30 days for a reply from the Human Needs Board.

The HNB will not accept requests submitted on incorrect forms or incomplete paperwork. The HNB will contact the submitting Lions club for assistance in revising/completing the request and return to the HNB. This will further delay the decision on the request.

The application **must come to the Human Needs Board (HNB) from a District 2-A2 Lions Club**, not from the applicant. If the HNB receives a request directly from an applicant, **they will send the information to the appropriate Zone Chair** to put the applicant in touch with a Lions Club in their area to assist them.

Typically, the lifespan of children's hearing aids is 3 years because of growth of the ear and changes in their hearing. Children need to be checked annually. All testing, mold & other costs will be charged again. Hearing aids may need to be changed more frequently. Each time a child is rechecked, the parent/guardian must complete a new application because the family's income and expenses and other situations may have changed. Replacement of batteries will be the responsibility of the family.

1. Procedures for Lions Club Prior to submitting an application:

- a) The family/guardian of a child/youth with a hearing problem should contact their local Lions Club and complete the application according to the posted HNB procedures.
- b) It is imperative that the sponsoring Club ensure the HNB application is complete, with all supporting documentation required included, confirm there is no "Go Fund Me" account, and that the child/youth's total household income is between 151% to 200% of poverty guidelines (*see below*).
- c) The Club shall submit to the current HNB Secretary the completed application, ENT (Ear, Nose & Throat)/PCP letter, all required documentation, and a \$200 check made payable to the Human Needs Board.
- d) The HNB Secretary will provide the application and information to all HNB Board members for review and determination of approval.
- e) For all requests approved, the HNB Secretary will send the Board's "Approval" letter and the ENT/PCP letter to the Hearing and Balance Department along with a copy to the patient and referring Club. The H&B Department will have their own audiologist do the testing and the HNB will be billed. The HNB will also notify the Zone Chair.
- f) As with any other Human Needs request, the Lions club requesting financial assistance for a hearing aid shall contact the clubs in their Zone to seek financial assistance from them through their Zone Chair. The HNB has the option to suggest a multi-Zone request for assistance should a more serious need arise.

The HNB will not accept incomplete paperwork, but contact the submitting Lions club for assistance in completing the request. This will further delay the decision on the request. Send all information to:

Lion Debbie Book, Secretary
Dbook0@yahoo.com
 5411 Goshen Grove
 San Antonio, TX 78247
 210-204-8300

FEDERAL POVERTY GUIDELINES

Household Size	100%	133%	150%	200%	250%	300%	400%
1	\$12,060	\$16,040	\$18,090	\$24,120	\$30,150	\$36,180	\$48,240
2	16,240	21,599	24,360	32,480	40,600	48,720	64,960
3	20,420	27,159	30,630	40,840	51,050	61,260	81,680
4	24,600	32,718	36,900	49,200	61,500	73,800	98,400
5	28,780	38,277	43,170	57,560	71,950	86,340	115,120
6	32,960	43,837	49,440	65,920	82,400	98,880	131,840
7	37,140	49,396	55,710	74,280	92,850	111,420	148,560
8	41,320	54,956	61,980	82,640	103,300	123,960	165,280

For each additional person in the household, add \$4,218 for each to the total annual income to determine the household's percent of the Federal Poverty Guideline income.

2. 19 Years and over:

Any adult 19 years of age or over or any child/youth 18 years of age and below who has a total household income that is 150% below the Federal Poverty Guidelines may be referred to Miracle-Ear Foundation. (<https://www.miracle-ear.com>)

3. Help for children/youth that go directly to the Hearing and Balance Department:

The Hearing and Balance Department have children/youth who come directly to them for assistance with hearing aids. If their insurance does not cover the hearing aids, the Hearing and Balance Department will contact the HNB for help. The HNB will put the family/guardian in touch with the Zone chair in their area to put them in touch with a Lions Club in their area to submit the application request for assistance to HNB.

4. Help for children/youth from the Texas Workforce Commission:

The Texas Workforce Commissions (formerly DARS), will assist with hearing aids for students in college and/or working part time. Contact the Texas Workforce Commission local locations or in Austin to contact for help.

HNB HEARING AID COMMITTEE

If you have any questions, contact one of the following on the HNB Hearing Aid Committee:

Lion Debbie Book
dbook0@yahoo.com
 210-204-8300

Lion Cecilia Nobles
cecilia.nobles@gmail.com
 512-525-3188

Lion Andy Lee
andyleeSA18@gmail.com
 210-970-4505

Lion Alice Lopez
alicesaullopez@gmail.com
 210-275-5926



DISTRICT 2-A2 HUMAN NEEDS BOARD
Club Request for Hearing Aid Assistance
18 Years & Under – (8/1/18)

Name Child/Youth (applicant) _____ Birth Date _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Insurance: Name and Policy Number(s) of any/all Health Insurance Policies (*including Medicaid, CHIP, STAR,*)

List Names and Ages of Everyone in your Household:

Name	Age	Relationship	Monthly Income

Does your child/youth wear a hearing aid now? Yes No

Is the child/youth employed? Yes No
 Employer: _____ Employer Phone: _____

Is the Parent/Guardian employed? Yes No
 Employer: _____ Employer Phone: _____

Is the Parent/Guardian Spouse employed? Yes No
 Employer: _____ Employer Phone: _____

Did the Lions Club verify there is **NOT** a "Go Fund Me" account? Yes No

INCOME & EXPENSES

Monthly Gross Income <i>(Income before taxes/deductions)</i>		Monthly Expenses <i>(Monthly average)</i>	
Salary of Child/Youth	\$	Rent/Mortgage	\$
Salary of Parent	\$	Utilities	\$
Salary of Parent's Spouse	\$	Food	\$
Social Security Benefits	\$	Phone	\$
Retirement Pension	\$	Medicine	\$
Income from other Family	\$	Car/Transportation	\$
Food Stamps	\$	Child Care	\$
Investments	\$	Home Insurance	\$
Assets, i.e., savings acct	\$	List/Charge Cards	\$
Other Income, i.e., SSI/SSDI/child support	\$		\$
Income from "Go Fund Me" Account	\$		\$
Total Monthly Family Income	\$	Total Monthly Expenses	\$



DISTRICT 2-A2 HUMAN NEEDS BOARD
Club Request for Hearing Aid Assistance
18 Years & Under – (8/1/18)

Parent/Guardian of Applicant Must Read and Sign This Statement:

I fully understand these services are limited to individuals unable to pay for or receive hearing aids from other sources of assistance. In consideration of these services, I release and discharge all persons rendering such services from any claims I may have arising from services so rendered. I am aware that a hearing aid billed to me prior to the approval of this application will not be paid for by this service.

I also understand my application may be reviewed by the Lions Club(s), District 2-A2 Human Needs Board (HNB), and hearing professionals. These forms will be kept on file by the local Lions Club(s), District 2-A2 HNB, and hearing professionals. The documents will be kept confidential and not shared with third parties, such as insurance companies.

To the best of my knowledge, all the information on and attached to this application is true and correct.

Applicant Signature

(Parent/Guardian signature if person is under 18)

Witness

(If Applicant/Parent signs with an "X")

The above information has been verified by our Club:

Validation: *Items used for verification are the Statement of Benefits from Social Security, Social Security Disability, paycheck stubs, food stamp allowance, pension amount, child support, AFDC, veteran's benefits, including a "Go Fund Me" account, and birth certificate of applicant.*

=====

To be completed by requesting Lions Club:

HOW MUCH WILL YOUR CLUB CONTRIBUTE TO THIS REQUEST FOR HELP: \$ _____
 WHICH CLUBS IN YOUR ZONE SHARE IN THE COST OF THIS NEED?

AMOUNT \$ _____	NAME OF CLUB _____
AMOUNT \$ _____	NAME OF CLUB _____
AMOUNT \$ _____	NAME OF CLUB _____
AMOUNT \$ _____	NAME OF CLUB _____
AMOUNT \$ _____	NAME OF CLUB _____

SPONSORING LIONS CLUB: _____

SIGNED BY: _____ DATE: _____

PRINTED NAME: _____ PHONE: _____

EMAIL: _____

To be completed by HNB:

Date approved: _____ Date Bill received: _____

Cost \$ _____ Date Paid: _____