



HARP



**Lions International District 2-S1
Hearing Program of Southeast Texas, Inc.**

P.O. Box 2221
Beaumont, Texas 77704-2221

Dear Applicant:

Thank you for contacting the Lions' District 2S-1 Hearing Aid Recycling Program (HARP) for hearing aid assistance. Our hope is to provide you with the hearing aids you seek. Our program is designed to assist those who have no other resource available to them. The Lions' District 2S-1 HARP is a program of last resort. Other options for assistance including family support, insurance, Medicaid, CHIPs, private insurance, Texas Department of Assistive and Rehabilitative Services (Vocational Rehab.), Veterans' Administration, and other programs should be contacted first before applying to this program.

No application will be reviewed until all paperwork is received by the approval committee. A written approval will be sent to the applicant and the provider from Lions' HARP. We require proof of income including, but not limited to copies of previous tax returns, paycheck stubs, and copies of bank statements. Eligibility for our program is mostly income based, but special extenuating circumstances may be taken into consideration.

If you qualify, you will be required to pay \$50 per hearing aid for your personal ear mold. This money is required to be paid at the time the impression is made and is non-refundable. Our program provides refurbished and low-cost hearing aids. The type and style of hearing aid dispensed to you will be decided by the audiologist at the hearing aid evaluation. Please fill out the attached application and send it to your local Lions Club contact for hearing aid assistance at:

Local Lions' contact name: _____

Local Lions' contact address:

Street: _____

City, TX: _____



HARP Application Form for Candidates



Name _____ Birth Date _____

Address _____ Apt. # _____

City _____ State _____ Zip/Postal Code _____

Phone number where applicant/parent can be reached: () _____ - _____

Insurance: Name and Policy Numbers of *any/all* Health Insurance Policies

List Names and Ages of Every One in Your Household:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

Do you wear a hearing aid? Yes No

If Yes, why do you need one? _____

Does the Applicant work? Yes No

If No, why? _____

Employer: _____

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 and hearing professionals. These forms will be kept on file by the local Lions, the hearing professional and HARP. The documents will be kept confidential and not shared with third parties, such as insurance companies.

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

Applicant's Signature
(Parent/Guardian Signature if person is under 18)

Witness (If applicant signs with an "X")



Income Qualification Form (Prospective Hearing Aid Users)



Name _____ Birth Date _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Monthly Gross Income <i>(Income before taxes / deductions)</i>		Monthly Expenses <i>(Monthly Average)</i>	
Salary of Candidate	\$	Rent/Mortgage	\$
Salary of Spouse	\$	Utilities	\$
Salary of Parent, if at home	\$	Food	\$
Retirement Pension	\$	Phone	\$
Social Security Benefits	\$	Medicine	\$
Food Stamps	\$	Car/Transportation	\$
Other Government Benefit	\$	Child Care	\$
Income from Other Family	\$	Home Insurance	\$
Investments	\$	List/Charge Cards	\$
Other Income	\$		\$
	\$		\$
Total Monthly Income	\$	Total Monthly Expenses	\$

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

*Applicant Signature
(Parent/Guardian Signature if person is under 18)*

Witness (if Applicant Signs With an "X")

<i>To be completed by Lions Club:</i>		
<i>Date Approved</i> _____	<i>Date Bill Received</i> _____	<i>Cost</i> _____
<i>Date Paid</i> _____		