STEP 1: DECIDE TO SPONSOR A PATIENT

On our end, the only eligibility requirements are that the applicant is 1) a resident within the boundaries of Washington, Northern Idaho or Montana and 2) financially unable to pay for his or her own hearing care through personal resources, health insurance, government assistance, or other social services.

Patient must have a 45+ db HL (Pure Tone Average or Speech Reception Threshold) to qualify. This will be determined by All American Hearing.

Patients are eligible to receive the following new hearing aids:
*Xino Classic RIC (receiver in the canal) (20 or 30 at provider recommendation)
*Aries BTE (behind the ear)

Patients will have a one-time personal Co-Pay of $50.00 due to the provider prior to service. The Co-Pay must be paid directly to the provider’s office at the time of their first appointment.

We do ask that each club income qualify patients and provide our foundation with a copy of the proof of income i.e. letter from Soc. Sec., Tax return, etc. We as a foundation have no standard method for income qualifying individuals and leave that to your Club’s discretion. However, we do recommend that each club consider individuals at or below 133% of the Federal Poverty Level (see attached sheet). We understand that many extenuating circumstances exist, so the Federal Poverty Level is simply a guideline. In cases where an individual falls above our recommended guidelines please include a brief statement regarding why your club is still considering them for sponsorship. This should be no longer than 1 page.

STEP 2: PROVIDER

The participating Provider is All American Hearing.
Please choose one of the clinics below and fill in the location on the attached application.

Tacoma: 10909 Portland E Ave., Suite T
          Tacoma, WA 98455
          253-292-5230

Auburn:  1102 Outlet Collection Way #102
          Auburn, WA 98001
          253-235-4344

The Northwest Lions Foundation will pay the provider direct for all charges and bill the Club ½ of the cost. The Foundation cost from All American Hearing is $200.00 for one hearing aid and $400.00 for two aids.

Please ask the provider to send all invoices to:
Northwest Lions Foundation  1200 6th Ave., Ste 300, Seattle, WA 98101

Northwest Lions Foundation  (serving residents of Washington, Montana and Northern Idaho)  Rev. 3/15/2015
STEP 3: SUBMIT THE APPLICATION

Fax or mail a Hearing Aid Program application to the Foundation before the patient is treated.

Once we receive and review the completed application we will send you a confirmation letter. You will need to inform the patient of the approval and ask them to call the provider to make an appointment. We will then forward the patient’s application to the All American Hearing office listed on the application form.

STEP 4: BILLING & PAYMENT

Once the patient is fit with the hearing aids, the hearing care provider will send the invoice directly to the Northwest Lions Foundation. We will pay the invoice in full and then bill your Club for half.

Lions Hearing Aid Bank Income Qualification

Each patient should be income qualified by the sponsoring Lions Club. Patients who qualify for hearing aids generally are those who fall at or below the Federal Poverty Level. Once the patient has been income qualified, the sponsoring Lions Club should send a completed Lions Hearing Aid Program Application form and a copy of the patient’s proof of income to the Northwest Lions Foundation for Sight & Hearing for final review and approval. The following guidelines are 2015 Federal Poverty Levels. There may be extenuating circumstances that you will face, and each patient is different. Again, this is a guide; however we do expect Lions Clubs to follow this guide as closely as is reasonably possible.


<table>
<thead>
<tr>
<th>Family Size</th>
<th>100% FPL</th>
<th>133% FPL</th>
<th>185% FPL</th>
<th>200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,770</td>
<td>$15,654</td>
<td>$21,775</td>
<td>$23,540</td>
</tr>
<tr>
<td>2</td>
<td>$15,930</td>
<td>$21,187</td>
<td>$29,471</td>
<td>$31,860</td>
</tr>
<tr>
<td>3</td>
<td>$20,090</td>
<td>$26,720</td>
<td>$37,167</td>
<td>$40,180</td>
</tr>
<tr>
<td>4</td>
<td>$24,250</td>
<td>$32,253</td>
<td>$44,863</td>
<td>$48,500</td>
</tr>
<tr>
<td>5</td>
<td>$28,410</td>
<td>$37,785</td>
<td>$52,559</td>
<td>$56,820</td>
</tr>
<tr>
<td>6</td>
<td>$32,570</td>
<td>$43,318</td>
<td>$60,255</td>
<td>$65,140</td>
</tr>
<tr>
<td>7</td>
<td>$36,730</td>
<td>$48,851</td>
<td>$67,951</td>
<td>$73,460</td>
</tr>
<tr>
<td>8</td>
<td>$40,890</td>
<td>$54,384</td>
<td>$75,647</td>
<td>$81,780</td>
</tr>
</tbody>
</table>

Patients will have a one-time personal Co-Pay of $50.00. This must be paid directly to the Service provider’s office at the time of their first appointment.

Northwest Lions Foundation  (serving residents of Washington, Montana and Northern Idaho)  Rev. 3/15/2015
Please submit this signed and completed application with an explanation of the process your club used to determine financial need for this applicant to the address or fax number above. Thank you!

Full Name (Please print): _____________________________________________

Address, City, State & Zip: ____________________________________________

Telephone Number (contact person): ______________________ Age: __________ □ Male □ Female

Contact person: _____________________________________________________ Relation to patient: ____________________________

**Patients will have a one-time personal Co-Pay of $50.00. This must be paid directly to the service provider’s office at the time of their first appointment.**

Provider Information:

Please enter all the information for the All American Hearing location the patient will be going to:

Clinic name: __________________________ Phone number __________________________

Address: ______________________________ Fax number __________________________

City, State & Zip: __________________________

**Club Information:**

Contact Lion: __________________________ Club: __________________________

Address, city, state & zip: ______________________________________________________

Phone number: ______________________ Fax number: __________________________ E-mail address: __________________________

The Northwest Lions Foundation will pay half of the costs associated with any approved application. Be sure to inform the provider their invoice should be sent to the Northwest Lions Foundation. We will pay the full bill and invoice your club for half.

*By signing below, we endorse this application and understand that the Northwest Lions Foundation presents this program as a service and that there is no implied or implicit guarantee on the products or services received.*

Signature of Lions Club President __________________________ Date __________

Signature of Lions Club Secretary __________________________ Date __________

Please enclose an explanation of the process your club used to determine financial need for this applicant.
AAH Requirements for
NW LIONS FOUNDATION Qualification

After approval by NW Lions Foundation, candidates must also meet the following criteria and agree with the following terms.

WASHINGTON & MONTANA

- Patient must have a 45+ dB HL (Pure Tone Average or Speech Reception Threshold) to qualify

- Patients are eligible to receive the following hearing aids
  - Xino Classic RIC (20 or 30 at provider recommendation)
  - Aries BTE
  - If loss requires more power, an alternate hearing aid may be chosen by AAH supervisor

- Patients must appear for all scheduled follow up appointments. Failure to appear (or call to reschedule) follow up appointments could result in a voided warranty.

- After the 12 Month Warranty has expired, patients can expect a 50% discount from regular repair and warranty prices.
  - Repair + 6 Month Warranty
    - Reg Price: $289.99 / NLF price: $145.00
  - Repair + 12 Month Warranty
    - Reg Price: $384.99 / NLF price: $192.50

- A $200 deductible will be required for Loss & Damage claims. Due at time of delivery.

Club Representative ___________________________ Date ____________

Patient ___________________________ Date ____________

Please submit this signed document with application.

MD-19 Lions Hearing (serving residents of Washington, Montana and Northern Idaho) 3/15/2015
All American Hearing - MONTANA Locations:

Sound Advise Hearing - Butte
2339 Cobb St.
Butte, MT 59701
406-299-9225

Hearing Aid Institute - Great Falls
725 1st Ave. N.
Great Falls, MT 59401
406-468-7058

Hearing Aid Institute - Helena
1600 11th Ave., Suite 130
Capitol Hill Mall
Helena, MT 59601
406-204-4046

Hearing Aid Institute - Billings
1211 Grand Ave. #2
Billings, MT. 59102
406-530-2039

Hearing Aid Institute - Bozeman
200 S. 23rd Ave. Suite E-1
Bozeman, MT. 59718
406-219-0559

Phone: (206) 682-8500
Toll free: (800) 847-5786
Fax: (206) 838-4627
www.nifoundation.org

MD-19 Lions Hearing (serving residents of Washington, Montana and Northern Idaho) 3/15/2015