# MASSABESIC LIONS CLUB HEARING PROGRAM

Serving the Waterboro & Alfred area since 1972

Dear Applicant,

Thank you for contacting the Massabesic Lions Club Sight Services and Hearing Aid Program.

The MLC Sight Services and Hearing Aid Program will provide financial assistance to income-eligible Waterboro & Alfred, Maine residents to obtain sight saving services, eyeglasses (Monthly income cap FPL). Note: Anyone having any benefit for eyeglasses in part or total, through VA, an insurance plan, Medicaid (Maine Care), a state or any other program, may not qualify, but they are encouraged to attach an explanation or copy of coverage denial regarding their individual situation.

The maximum financial assistance for hearing services is **[$300.00],** according to prescription direction of medical necessity, at local participating provider. You need to provide a completed and signed application and a copy of a detailed written quote from **Hearing Essentials, 545 Min Street, Waterboro, Maine 04087** is our local participating provider, who is willing to honor our pricing guidelines. The quote must contain pricing details for one **basic** fitting of hearing aids, refurbished.

Once your completed application and detailed quote have been received you will be contacted with the next step of the process. (Average application processing time is 30 days; some applications take longer.)

As Lions, we take pride in our motto "We Serve" and in assisting members of our communities. We look forward to working with you.

Please contact us should you have any questions or require further assistance.

Thank you,
Massabesic Lions Hearing Assistance Program Coordinator

Email: massabesiclions@gmail.com or call: 207-432-9292

# Massabesic Lions Club Hearing Program

Thank you for contacting the Maine Lions Hearing Services Program.

To determine whether we can be of help to you, we need the following application completed and signed.

Name:_____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #'s_____

Maine State ID or Driver License #_____ Attach Copy of ID/License.

Email: _____

- Number in Household – Including yourself: _____
- Assistance request for- Self: _____, Other: _____
- Date of Birth: _____
- Please describe why you need assistance:
  _____
  _____
- Have you received assistance from any Lions in the past 3 years?
  - Yes _____ *If Yes, please provide details of assistance, the date assistance was provided and what has changed:
    _____(MM/DD/YR)_____
  - No _____
- How did you hear about our assistance program? _____
- If referred by a case worker, please provide contact information (Name, telephone #): _____
- Date your eyeglasses last changed: _____

*** Please note your application cannot be processed without the following exam date information.*

- Doctor/provider who provided exam:
  - DR/Provider Name: _____
  - Telephone #: _____
  - Email: _____
  - Adress: _____
  - City: _____ State: _____ Zip code: _____

- Do you have health Insurance?
  - Maine Care: _____
  - Medicare: _____
  - Other: _____
  - None: _____

Your Monthly Income:

  - Self: $_____ per month.
  - Spouse $_____ per month.
  - Social Security $_____ per month.
  - SSDI $_____ per month.
  - SSI $_____ per month.
  - Workers Compensation $_____ per month.
  - Alimony $_____ per month.
  - Child Support $_____ per month.
  - Food Supplement / SNAP $_____ per month.
  - TANF $_____ per month.
  - Other Income: $_____ per month.

- Total Monthly Income $_____
- Saving $_____

Monthly Expenses:

  - Rent /Mortgage $_____ per month.
  - Car Payment $_____ per month.
  - Electric $_____ per month.
  - Telephone $_____ per month.
  - Heating $_____ per month.
  - Cable / Internet $_____ per month.
  - Insurances (Home, Vehicle, Life, etc.) $_____ per month.

- Total Monthly Expenses $_____

- I understand that my application may be forwarded to Massabesic Lions Club and that I will be notified if this is the case.

Initials _____

- I understand I will be notified of financial assistance approval by the Massabesic Lions Club Sight Services Program Coordinator.

Initials _____

- I also understand, if approved, maximum assistance granted is $270.00 for sight services to be paid by the Massabesic Lions Club Sight Program directly to the Associated Eyecare of Waterboro, Maine provider.

Initials _____

- I have included a copy of a detailed written quote from my provider.

Initials _____

- I agree to give the Massabesic Lions Club Sight Services Program representative(s) permission to verify all information provided on this application.

Initials _____

- I understand that the Massabesic Lions Club and Associated Eyecare of Waterboro reserve the right to determine and select the eye glass and lenes by the service provider.

Initials _____

Applicant Signature: _____

Date: _____

Questions regarding application:

Please Mail or Email Application:

**Massabesic Lions Club Hearing Program**

**massabesiclions@gmail.com**

**813D Main Street, Waterboro, Maine 04087**

MLCSHP USE ONLY: PO# _____ Date: _____ Check#/Date: _____/_____