

LASH Hearing Aid Assistance Forms Completion Instructions

Thank you for your inquiry for Lions Club financial assistance for hearing aids. Per our recent **contact, I am sending you the Hearing Aid Assistance Request forms. All information the applicant provides is kept strictly confidential and is only used to establish the applicant's eligibility for financial assistance.**

Below are some instructions for completing the forms. Please feel free to call me if you have any questions.

1. Page 1, **LASH HEARING AID ASSISTANCE REQUEST**: complete items 2, 3, and 5; read statements in lower half of form; sign and date where highlighted at the bottom of the page. If the applicant has been to an audiologist within the past 12 months, **please attach a copy of the audiologist's report**. If the applicant has not had their hearing tested by a licensed audiologist within the past 12 months, they must get their hearing tested first at the audiologist of choice and then attach a copy of the report to the application for hearing aid assistance. It is also possible for the applicant to request that the hearing test be performed at the Towson University Institute for Well-Being, Speech, Language and Hearing Center at their first hearing aid appointment. MediCare covers 80% of the testing costs. Supplementary insurance should cover the balance.

2. Page 2, **TOWSON UNIVERSITY REDUCED FEE APPLICATION**: This form documents applicant gross income (before taxes and any payroll deductions) and expenses. Complete all information. **Attach proof of income as indicated in the middle of the form.**

3. Page 3, **TOWSON UNIVERSITY REDUCED FEE APPLICATION – Page 2**: Complete all information as applicable and sign/date at the bottom of the form. In the sections asking about other adult or child family members in the home, if you live alone, put “NONE” on the first line of each section. If someone is helping the applicant complete the form, they must print their name and sign/date where it says “FORM COMPLETED BY:”

4. Send forms and attachments, along with a \$25.00 check payable to LASH (which stands for Lions Association for Sight and Hearing) for the processing fee to me at the following address. **If the applicant's monthly gross income is less than \$1,000 the fee is not required.**

Lions Association for Sight and Hearing
Attn: Hearing Aids Program
P.O. Box 821
Bel Air, MD 21014

Sincerely,

David M. Ellis

David M. Ellis
Chairman, LASH Hearing Aids Program
Cell Phone: 410-937-0580
Email: dmellis@comcast.net
www.lashmaryland.org