



Mail, Email, or Fax Your Application to:
3450 East Spring Street, Suite # 212
Long Beach, CA 90806
Email: admin@lshf.org
Website: www.lshf.org
Phone (800) 647-6638 | **Fax** (888) 958-7554

Application for Sight and Hearing Programs

The mission of Lions Sight and Hearing Foundation (LSH) is to restore or maintain sight and hearing. The Sight Program funds certain eye surgeries by connecting eligible clients to a surgeon partnering with LSH. The Hearing Program provides new digital, behind-the-ear hearing aids, which are dispensed at hearing centers partnering with LSH.

To apply to either program, complete this application form and submit with requested documents to show your eligibility. Contact the LSH office if you have questions about eligibility or the application process.

Eligible applicants are those who can show:

- ✓ They have lived in the LSH service area including the following California counties for at least 3 years: Imperial, Inyo, Kern, Los Angeles, Mono, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura.
- ✓ They are without health insurance to cover the cost of eye surgery or hearing aids.
- ✓ Their annual income is 138% to 250% of Federal Poverty Level. If the applicant is part of a family, the family annual income amount depends on the number of people in the family.
- ✓ They do not own property other than their home and/ or a car.

Personal Information:

Today's Date: _____

Applicant Name: _____

Date of Birth: _____ Gender: Male Female

Phone: (_____) _____ Email Address: _____

Home Address: _____

City: _____ Zip Code: _____

How long have you lived in the LSH service area? _____

Second Contact (if a person is assisting with the application):

Name: _____ Relationship: _____

Phone: (_____) _____ Email Address: _____

Note: The application requires copies of documents to verify your identity and to you show you have lived in the service area for three years. Provide a copy of a photo ID and a document with your name and California address that has a date on it which is over three years ago from today.

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Financial Information:

List the name of employer and/or source of all income for the family:

1. Monthly income amounts: First job/source: \$ _____ Second job/source: \$ _____
Third job/source: \$ _____ Fourth job/source: \$ _____

2. Total family annual income: \$ _____

3. Total number of family members supported by the income: _____

4. Property ownership: List all property owned by the household, valued over \$4000.00, other than the home you live in and your car. (Examples: savings, investments, 2nd home, recreational vehicles)

Note: The application requires copies of documents to show income. Examples are the first 2 pages of last year's income tax return, or your W-2 and paycheck stubs, or bank statements showing all income deposits, or Social Security, annuity, or pension letters can be provided.

Health Insurance Information:

Do you have health insurance coverage now? Yes No

If yes, name of all insurance companies: _____

Does your health insurance pay for part of the eye surgery or hearing aids? Please explain.

Did your health insurance deny coverage for the eye surgery or hearing aids? Please explain.

Note: If you have health insurance, include a copy of your insurance cards.

Program Information:

Which program are you applying to for assistance? Sight Hearing

➤ For the Sight Program:

What is the diagnosis? _____ Which eye? Left Right

What surgery is recommended? _____

Note: A copy of a medical eye doctor's evaluation, diagnosis, and recommendation is required.

If you show eligibility with your application, LSH may fund the exam if you do not have one to complete the application.

➤ For the Hearing Program:

Have you had a hearing test? _____ How long ago? _____

If so, were you told that hearing aids would improve your ability to hear? Yes No

Note: A copy of your audiogram completed within the last 6 months is required.

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Release of Claims:

I, for myself, my heirs, personal representatives, executors, administrators and successors or assigns, and on behalf of the applicant, if the applicant is other than myself, and I am the responsible party for the applicant, waive, release, and forever discharge Lions Sight & Hearing Foundation of Southern California (LSH) and California Lions Clubs, their officers, directors, agents, representatives, members, successors and all cooperating entities, their agents, employees, an successors from any and all claims, losses, damages, or debts, which now exist or may hereafter arise, known or unknown, in connection with my and/or the Applicant's participation with any service rendered through the LSH Foundation. To the best of my knowledge, I represent and warrant that all information contained in this application is correct.

Release of Information:

I authorize any service provider to whom I am referred by LSH Foundation and to the Lions Club to release to LSH any information required, including recommended course of treatment, service performed, and any recommended follow-up. False statements are grounds for refusal of benefits.

Applicant Signature: _____ **Date:** _____

Print name: _____

PLEASE COMPLETE FOR APPLICANTS WHO ARE UNDER 18 YEARS OLD:

By signing below, I am aware of this request for assistance from LSH Foundation, and as parent or guardian, I am willing to accept the funding provided by LSH Foundation for this minor child.

Parent Signature: _____ **Date:** _____

Print Parent Name: _____ **Relationship:** _____

Referral Disclaimer:

LSH Foundation has not granted any authority, expressed or implied, to any person, organization or governmental agency, including, but not limited to, any person, referral organization, Lion Club, physician, clinic, or hospital from whom you may have obtained this referral for, to act on behalf of or to otherwise bind LSH in any manner whatsoever. Neither this application form nor your receipt of this application form from any such source is a representation from LSH Foundation of any authority actual or apparent, in such source and all such expressions of authority are hereby disclaimed.

Referral Information:

How did you find out about the Lions Sight & Hearing Foundation programs?

Internet Search

Primary Care Doctor

Eye Doctor

Hearing Center

Senior Center

Social Worker

Library

School or University

Health Fair or Expo

Food Bank

Lions Club

Other: _____