



MAINE LIONS SIGHT & HEARING FOUNDATION

Serving the State of Maine since 1955

Dear Applicant,

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

The Sight Services and Hearing Aid Program will provide financial assistance to income-eligible Maine residents to obtain sight saving services, eyeglasses or hearing aids (*Monthly income cap <300% FPL*).

Note: Anyone having any benefit for eye glasses or hearing aids, 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 sight services or eyeglasses is \$75.00, according to prescription direction of medical necessity, at local participating providers. You need to provide a completed and signed application and a copy of a detailed written quote from a participating provider, (i.e. your local Walmart Vision Center, your local Maine Optometry, or your local provider who is willing to honor our pricing guidelines). The quote must contain pricing detail for one **basic** complete set of eye glasses (approximate costs at Walmart Vision Centers is \$9 frames, \$39 lens, or if lined bifocal \$ 49 lens).

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.)

If you are applying for hearing aid(s) assistance, you will be responsible to submit a completed application and a current hearing exam, if able, and a \$65.00 fee for hearing aid ear mold, to be paid at the time of fitting service. The program will pick up the entire cost of the refurbished hearing aid device(s).

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,
Lion Lyn Jellison
Sight Services & Hearing Assistance Program Coordinator

Email: mainelionssightandhearing@gmail.com or call 207-613-7033



Maine Lions Sight and Hearing Foundation

Application for Sight Services or Hearing Aid Program



Thank you for contacting the Maine Lions Sight Services and Hearing Aid Program. In order to determine whether we can be of help to you, we need to have the following application completed and signed.

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Telephone #: _____ Email Address: _____

- **Number in Household (Including self)** _____
- **Assistance requested for:** Self: _____ Other: _____ Age: _____
- **Please describe briefly why you need assistance:**

- **Have you received assistance from the Lions in the past 3 years?** YES _____ NO _____
 If yes, please provide details of assistance, the date assistance was provided, and what has changed:

 _____ (MM/DD/YY): _____

- **How did you hear about our assistance program?** _____
 If referred by a case worker, please provide contact information (Name, telephone #):

- **Type of assistance currently requested:** Eye care: _____ Eyeglass: _____ Hearing aid(s): _____

- **Date your eyeglasses or hearing aid(s) last changed:** (MM/YY) _____

- **If you are applying for Hearing Aid Assistance:**
 Do you currently have hearing aids? _____ If yes, how many? _____ Are they working? _____

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

Recent eye exam date: _____ OR recent hearing exam date: _____

Doctor/provider who provided Exam: _____

**Eyeglass prescriptions are filled by local preferred providers (including Walmart Vision Centers, Maine Optometry, and Lens Crafters). If Other,*

Provider Name: _____ Tel#: _____ Fax #: _____

Address: _____ Zip: _____

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

- **Your Monthly Income:** Self \$ _____ MO. Spouse \$ _____ MO.

Social Security \$ _____ SSDI \$ _____ SSI \$ _____ Workers compensation \$ _____

Alimony \$ _____ Child Support \$ _____ Food supplement/SNAP \$ _____ TANF \$ _____

Savings \$ _____ Other income \$ _____ Total Monthly Income \$: _____

Monthly Expenses:

Rent / Mortgage	\$ _____
Car Payment	\$ _____
Electric	\$ _____
Telephone	\$ _____
Heating	\$ _____
Cable / Internet	\$ _____
Insurances (Home, Vehicle, Life etc.)	\$ _____
Total monthly expenses \$ _____	

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

I understand I will be notified of financial assistance approval by the Maine Lions Sight Services and Hearing Aid Program Coordinator. I also understand, if approved, **maximum assistance granted is \$75 for sight services** to be paid by the Maine Lions Sight and Hearing Foundation directly to the participating provider. I have included a copy of a detailed written quote from my provider.

If approved for hearing aid(s) assistance, I understand **I will be responsible to pay for each hearing aid ear mold, \$65 each ear**, to be paid directly to the Maine Lions preferred hearing device provider at time of fitting service.

I agree to give the Maine Lions Sight Services and Hearing Aid Program representative(s) permission to verify all information provided on this application. I understand that the Maine Lions reserve the right to determine and select the eye care, eye glass, or hearing aid(s) service providers.

Applicant Signature: _____ **Date:** _____

Questions regarding application:
Email: MaineLionsSightandHearing@gmail.com
Voice Mail: 207-613-7033

Please Mail or Email Application:
Maine Lions Sight and Hearing Foundation
PO Box 525
Sebago, ME 04029

MLSHF USE ONLY: PO # _____ Date _____ Check # _____ Date _____ Vendor _____
SS &HA Application
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