

**DISTRICT 12-S LIONS HEARING AID PROGRAM**  
**PID BJ Blankenship 615-633-7369**  
**Fayetteville Club POC: Barbara Locklear 931-625-0741**

Patient Information:

Name: \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone No. (\_\_\_\_) \_\_\_\_\_ Alternate Phone No.: (\_\_\_\_) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Number in Family: \_\_\_\_\_  
Total Family Gross Annual Income: \$ \_\_\_\_\_

**Employer Information:**

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Medical Insurance Coverage: \_\_\_\_\_  
Group No.: \_\_\_\_\_ Individual Policy No. \_\_\_\_\_  
Claims Address: \_\_\_\_\_

**Government Plans:**

Medicare No. \_\_\_\_\_ Welfare or Medicaid No, \_\_\_\_\_

I hereby authorize the attending physician and/or clinic to release any and all information including evaluation, medical history, consultation, prescriptions or treatment including diagnosis or prognosis and copies of all medical records to the District 12-S Lions Hearing Aid Committee and sponsoring club.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ All

clubs are responsible for transportation of patient if necessary. Sponsoring Lions Club:

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No. (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: DISTRICT 12-S WHITE CANE.**

Application must be filled out completely, signed and forwarded to the respective Lions Club :

**Fayetteville Lions Club, P.O. Box 217, Fayetteville, TN 37334**

**Clubs forward the application to: PID BJ Blankenship, 445 Richardson Road  
Lafayette, TN 37083**

## Income Guidelines for District 12-S Hearing Aid Program Effective July 1, 2021

Family Size	Gross Income		Applicant
	From	To	Copay
1	\$0.00	\$20,000.00	\$0.00
	\$20,001.00	\$22,000.00	\$50.00
	\$22,001.00	\$24,000.00	\$100.00
	\$24,001.00	\$26,000.00	\$175.00
	\$26,001.00	\$28,000.00	\$250.00
	\$28,001.00	\$30,000.00	\$325.00
	\$30,001.00	\$32,000.00	\$400.00
	\$32,001.00	\$34,000.00	\$475.00
	\$34,001.00	\$38,000.00	\$550.00
	\$38,001.00	and above	Not eligible

Family Size	Gross Income		Applicant
	From	To	Copay
5	\$0.00	\$46,500.00	\$0.00
	\$46,501.00	\$48,500.00	\$50.00
	\$48,501.00	\$50,500.00	\$100.00
	\$50,501.00	\$52,500.00	\$175.00
	\$52,501.00	\$54,500.00	\$250.00
	\$54,501.00	\$56,500.00	\$325.00
	\$56,501.00	\$58,500.00	\$400.00
	\$58,501.00	\$60,500.00	\$475.00
	\$60,501.00	\$62,500.00	\$550.00
	\$62,501.00	and above	Not eligible

Family Size	Gross Income		Applicant
	From	To	Copay
2	\$0.00	\$26,000.00	\$0.00
	\$26,131.00	\$29,000.00	\$50.00
	\$29,001.00	\$32,000.00	\$100.00
	\$32,001.00	\$34,000.00	\$175.00
	\$34,001.00	\$36,000.00	\$250.00
	\$36,001.00	\$38,000.00	\$325.00
	\$38,001.00	\$40,000.00	\$400.00
	\$40,001.00	\$42,000.00	\$475.00
	\$42,001.00	\$44,000.00	\$550.00
	\$44,001.00	and above	Not eligible

Family Size	Gross Income		Applicant
	From	To	Copay
6	\$0.00	\$54,900.00	\$0.00
	\$54,901.00	\$56,900.00	\$50.00
	\$56,901.00	\$58,900.00	\$100.00
	\$58,901.00	\$60,900.00	\$175.00
	\$60,901.00	\$62,900.00	\$250.00
	\$62,901.00	\$64,900.00	\$325.00
	\$64,901.00	\$66,900.00	\$400.00
	\$66,901.00	\$68,900.00	\$475.00
	\$68,901.00	\$70,900.00	\$550.00
	\$70,901.00	and above	Not eligible

Family Size	Gross Income		Applicant
	From	To	Copay
3	\$0.00	\$33,000.00	\$0.00
	\$33,001.00	\$35,000.00	\$50.00
	\$35,001.00	\$37,000.00	\$100.00
	\$37,001.00	\$39,000.00	\$175.00
	\$39,001.00	\$41,000.00	\$250.00
	\$41,001.00	\$43,000.00	\$325.00
	\$43,001.00	\$45,000.00	\$400.00
	\$45,001.00	\$47,000.00	\$475.00
	\$47,001.00	\$49,000.00	\$550.00
	\$49,001.00	and above	Not eligible

Family Size	Gross Income		Applicant
	From	To	Copay
7	\$0.00	\$60,200.00	\$0.00
	\$60,201.00	\$62,200.00	\$50.00
	\$62,201.00	\$64,200.00	\$100.00
	\$64,201.00	\$66,200.00	\$175.00
	\$66,201.00	\$68,200.00	\$250.00
	\$68,201.00	\$70,200.00	\$325.00
	\$70,201.00	\$72,200.00	\$400.00
	\$72,201.00	\$74,200.00	\$475.00
	\$74,201.00	\$76,200.00	\$550.00
	\$76,201.00	and above	Not eligible

Family Size	Gross Income		Applicant
	From	To	Copay
4	\$0.00	\$39,750.00	\$0.00
	\$39,751.00	\$41,750.00	\$50.00
	\$41,751.00	\$43,750.00	\$100.00
	\$43,751.00	\$45,750.00	\$175.00
	\$45,751.00	\$47,750.00	\$250.00
	\$47,751.00	\$49,750.00	\$325.00
	\$49,751.00	\$51,750.00	\$400.00
	\$51,751.00	\$53,750.00	\$475.00
	\$53,751.00	\$55,750.00	\$550.00
	\$55,751.00	and above	Not eligible

Family Size	Gross Income		Applicant
	From	To	Copay
8	\$0.00	\$67,000.00	\$0.00
	\$67,001.00	\$69,000.00	\$50.00
	\$69,001.00	\$71,000.00	\$100.00
	\$71,001.00	\$73,000.00	\$175.00
	\$73,001.00	\$75,000.00	\$250.00
	\$75,001.00	\$77,000.00	\$325.00
	\$77,001.00	\$79,000.00	\$400.00
	\$79,001.00	\$81,000.00	\$475.00
	\$81,001.00	\$83,000.00	\$550.00
	\$83,001.00	and above	Not eligible

For each additional member over 8, add \$6,800 to the income ranges above .