



District 12-N Lions Hearing Aid Application Instructions

Revised: January 31, 2024

District 12N Lions Club have a partnership with, “The Hearing and Speech Foundation, Inc., (HSF)”. 1619 East Broadway Avenue, Maryville, TN 37804, (p) 865-982-8557 or 865-977-0981

Associated with this partnership is a **limited account**, whereby District 12-N Lions Clubs may assist applicants with the procurement of hearing examinations and hearing aids through HSF.

Lions process for assisting clients with a Hearing Aid referral:

1. The **prospective client contacts a member of a local Lions Club** to inquire about assistance with procuring hearing aids. After speaking with the client to determine household size and annual income, the Lions member refers to page 2 of the HSF Application form to determine whether the client qualifies for services (based upon the U.S. Department of Human Services Federal Guidelines) and has no additional insurance (Veterans, etc.).
2. Explain to the client that, if approved, they will be **expected to travel to HSF in Maryville, TN**, for a minimum of 2 visits.
3. A Lions member arranges to meet with the client in person and fills out the **District 12-N Lions Cover Sheet**.
4. The Lion provides to the client a copy of the completed District 12-N Lions Cover Sheet, **in addition to a copy of the 6-page Hearing and Speech Foundation Application packet**, which must be completed by the client.
5. The referring Lions member keeps a copy of the completed District 12-N Lions Cover Sheet for their club records, while sending a copy of the completed District 12-N Lions Cover Sheet to the District 12-N Hearing & Speech Chairperson (Lion Kim Osborne) either by mail or by email. **This is required for accountability of clients served.**
6. **The Client** then has the responsibility of sending both the completed District 12-N Lions Cover Sheet and the completed Application packet to the Hearing & Speech Foundation (address provided above).
7. **HSF will notify the client via mail** as to whether or not the client has been approved. If approved, and funds are available in the District 12-N Hearing account, the client will be instructed in the letter to contact HSF by telephone for further instructions.
8. Upon making a telephone contact, the client will **have their first appointment scheduled.**

Note: All **monetary and used hearing aids DONATIONS** for the **Hearing and Speech Foundation, Inc.** must be sent to the address at the top of this page. If preferable, donations can be given to the chairperson, address below.

Lion Kim Osborne, Chairperson
District 12-N Hearing Aid Program
607 Dwight Lane, Sevierville, TN 37876
865-850-4419
kimosborne607@gmail.com

COVER SHEET



LIONS DISTRICT 12-N HEARING AID REQUEST FORM

The Hearing and Speech Foundation, Inc., (HSF)
1619 East Broadway Avenue, Maryville, TN 37804
Phone: 865-982-8557 or 865-977-0981

Name of Client: _____ Date of Referral: _____

Address of Client: _____

Phone number of Client: _____

Alternate Phone number of Client: _____

Email of Client: _____

Referring Lions Club: _____

Name of Lions Contact: _____

Email of Lions Contact: _____

Phone number of Lions Contact: _____

**Clients: Send both this Cover Sheet and the Hearing and Speech completed packet
Application to: The Hearing and Speech Foundation, Inc., (address above).**

Lion Kim Osborne, Chairperson
District 12-N Hearing Aid Program
607 Dwight Lane, Sevierville, TN 37876
865-850-4419
kimosborne607@gmail.com