



SERTOMA HEARING AID RECYCLING PROGRAM

Information and Application Form

MISSION STATEMENT

The mission of the Sertoma Hearing Aid Recycling Program (SHARPs) is to provide reconditioned hearing aids to low-income persons. Behind-the-ear type hearing aids, ear molds, and batteries will be provided at low to no cost to persons meeting the program's criteria and sufficient funding is available.

ELIGIBILITY & PROCESS

The Sertoma Hearing Aid Recycling Program is designed to assist those who have no practical resource available to them. Other options for assistance include private insurance, state Medicaid programs, BadgerCare, Vocational Rehabilitation, Veterans Administration, church groups, family or friend assistance, or other state or local programs. Therefore, SHARPs may be the program of last resort for some.

Preference will be given to persons living in Dane county and surrounding communities in order to provide complete support services. Once the potential recipient has been passed the financial screening, s/he will be seen at the University of Wisconsin-Madison Speech & Hearing Clinic for audiological exams, paid for by SERTOMA of Madison.

If an applicant has family support or funds in money market accounts, mutual funds, 401(k) plans, IRAs, certificates of deposit (CDs), checking/saving accounts, stocks, bonds or T-bills, this may not be the program for you. SHARPs considers all these when determining eligibility.

Audiologic Criteria: Moderate to profound bilateral hearing loss will be given highest priority due to the significant impact on communication, in accordance with Audiologist's recommendation to achieve reasonable benefit to the hearing aid recipient.

ABOUT SERTOMA

Sertoma is derived from the words SERvice TO MAnkind. Sertoma exists for the high and noble purpose of SERvice TO MAnkind by communication of thoughts, ideas and concepts to accelerate human progress in health, education, freedom and democracy. The Sertoma Club of Madison has been serving the needs of the Madison community since 1952.

The SERTOMA Hearing Aid Recycling Program provides hearing aids to those with very limited financial resources. If, after careful review of your situation, you feel you are eligible, please complete the application and send it to the address on the next page.

The SHARPs program has limited resources. We make no warranty that even a qualified application will receive hearing aids or any benefits under the SHARPS program. Provided funds are available, we will attempt to accommodate qualified applicants. Questions can be directed to 608-890-1504.

INSTRUCTIONS

1. Review the income and financial criteria below and consider it prior to completing and sending in the application form.
2. Send all application materials to:
SHARPs
c/o W&S Agency
637 E Washington Ave
Madison WI 53703

Applications are processed as they are received. **Once you mail your application, please wait at least six weeks before you call for a status check.**

INCOME & FINANCIAL CRITERIA

All income figures are GROSS. Recipients must make no more than the suggested yearly income and not be eligible for a hearing aid through any other program. Size of family unit is defined as the number of people financially dependent on each other.

Income guidelines (below) can be read as the following example: If the yearly income for a family of 2 is over \$36,425 a year, then the applicant is not eligible for a hearing aid through SHARPs.

Size of Family Unit	Income Guideline
1	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825
7	\$83,175
8	\$92,525

NOTE: For family units with more than eight members, add \$7,445 for each additional member.

Again, the income guideline figures are gross. Possible sources of income include:

- Alimony
- AFDC
- Black Lung payments
- Child Support
- Disability
- Interest from Stocks, IRAs, 401(k)s
- Old Age Pension
- Public Assistance
- Social Security and SSI
- VA pension
- Wages
- Welfare
- Work pension

Sertoma will also take into account assets/savings. Possible assets include:

- Accounts
- Annuities
- CDs
- Checking
- IRA/401(k)
- Life Insurance
- Money Market
- Savings
- Stocks/Bonds

SHARPs APPLICATION

GENERAL INFORMATION

Applicant's Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ Male Female

Mailing Address: Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip: _____

Own Home Rent Other (please explain): _____

Home Phone: _____

Marital Status: Married Single Divorced Widowed Separated

Number in Household: _____ Number of Family Members Dependent Upon Applicant: _____

Employment Status: Employed Other Retired

Name of current Employer: _____

Phone: _____ How long have you been employed there? _____ (Years/Months)

Is Applicant a Medicaid recipient? Yes No

Does Applicant purchase supplemental health insurance? Yes No

Does Applicant have health benefits covering hearing aids? Yes No

If yes to any, what percentage or dollar amount does the plan cover? _____

Person, if other than applicant, completing this form. (If Minor, list Parent/Guardian's Information):

Name: _____ Relationship to Applicant: _____

Phone: _____

INCOME (If Minor, list Parent/Guardian's Information)

Be sure to include all sources of income (see page 2) for all members of the family.

YEARLY INCOME:
All Social Security of Family \$ _____
From Work: \$ _____
Other Income: \$ _____
TOTAL: \$ _____

CURRENT NET WORTH:
Home Assessed Value: \$ _____
Assets/Savings: \$ _____
Other: \$ _____
Total: \$ _____

SIGNATURE & RELEASE

I understand that the information submitted about my family, medical and insurance coverage, annual income resources and net worth are subject to verification by Sertoma. Verification will be done by phone, letter, e-mail, or credit check. I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance.

Signature: _____ Date: _____