



Pediatric Hearing Services Application

The Lighthouse is a 501(c)(3) non-profit, non-governmental organization that provides hearing services with dignity and respect to uninsured, low-income people in Georgia.

The hearing aid package for your child is not free. You will have a copayment. Parents or legal guardians may apply once every three (3) years for services for their child (birth – 18 years) based on program funding. The household monthly gross income must be within 400% of the federal poverty guideline (page 4).

If you are unable or unwilling to provide the requested documentation for you and your child, your child's application will not be approved. If complete documentation is not received within 3 months, your child's application will be considered abandoned, and you will have to begin the application process from the beginning.

**Hours of operation for The Lighthouse Hearing Department:
Monday – Friday | 9:00 A.M. – 4:00 P.M.
Telephone: 404-325-3630**

Application Requirements

In addition to a **completed** application, you must submit supporting documentation to prove your household income, you and your child's identification, your Georgia residency and your child's unexpired hearing test with a Lighthouse provider.



Please submit COPIES ONLY, no original documents.

The following MUST be submitted for this application to be considered: Failure to include these documents will delay your child's application and increase the time it takes to get approved. The parent or legal guardian is responsible for providing the required documents listed below.

1. **Proof of Georgia residency for at least 12 months for 1 parent or legal guardian.**
2. **Georgia birth certificate or valid Georgia ID of the applicant/child.**
3. **Completed Lighthouse-approved Hearing Provider Recommendation (page 8).**
4. **Signed Medical Condition and Clearance (page 8).**
5. **Completed Hearing Program Insurance Affidavit (page 9).**
6. **Copy of a current hearing test, less than 6 months old, with a Lighthouse provider.**
7. **Insurance summary of benefits showing denial or lack of coverage for hearing aid(s) and hearing related devices.**
8. **Copy of your Medicaid pending review letter.**
9. **Completed application with attached supporting documentation.**

SUPPORTING DOCUMENTATION

1) IDENTIFICATION: ALL IDENTIFICATION CARDS MUST BE CURRENT (NOT EXPIRED) AND CLEARLY SHOW YOUR PHOTO.

- Valid Georgia driver license OR valid Georgia identification card (1 parent or legal guardian)
- Georgia birth certificate, valid Georgia driver license, or valid Georgia identification card (child/applicant)

2) RESIDENCY: *(Please choose one)*

- Copy of current rental agreement including signature page
- Copy of most recent Mortgage statement
- Letter from shelter, transitional home, or nursing home stating that you live at that location (on letterhead and signed by shelter or transitional housing employee)

RESIDENCY: (continued)

- Copy of a most recent utility bill, including the name of the applicant and service address, from either the applicant or member of household (Utilities only include: gas, water, and electric)

3) INCOME:

Please send **ALL** of the items from this list below that **apply to the parents/legal guardians AND everyone in the household.**

- Last year's tax return* (include all pages)
*If you own or have income from a business, please provide a copy of the Schedule C portion of your tax return.
- Two (2) current consecutive paycheck stubs for bi-weekly pay; or 4 current consecutive paycheck stubs for weekly pay
- Current Social Security/Disability Award letter
- Current Food Stamp award letter from Department of Family and Children Services (DFACS)
- Letter from shelter (on letterhead and signed by shelter employee)
- Regular payments from alimony, child support, unemployment, union funds, retirement/pension, or other government programs funds
- College/university scholarship, grant, fellowship, or assistantship

IMPORTANT: Please be advised that we may request additional supporting documentation such as an official tax transcript. Contact the Internal Revenue Service (IRS) at 1-800-908-9946 to request a 4506-T Form for filing or non-filing transcript.

4) INSURANCE:

IF your insurance provides coverage for hearing aids **AND** you are partially or fully insured by a high deductible insurance plan* send the following:

- Copy of your insurance Statement of Coverage, including the deductible

***The Internal Revenue Service (IRS) definition of a "High Deductible Insurance Plan" is defined as any health plan with a deductible of at least \$1,350 for an individual or \$2,700 for a family.**

- Copy of your Medicaid pending review letter.

The applicant's household monthly gross income cannot exceed 400% of Federal Poverty Guideline.

**2019 Children's Hearing Program
Income Eligibility Chart
(According to the Federal Poverty Guideline)**

Household Size	0-100%	101-150%	151-200%	201-250 %	251-300 %	301-350 %	351-400%
1	\$1,014	\$1,561	\$2,082	\$2,602	\$3,035	\$3,599	\$4,163
2	\$1,409	\$2,114	\$2,818	\$3,523	\$4,115	\$4,876	\$5,637
3	\$1,778	\$2,666	\$3,555	\$4,444	\$5,195	\$6,153	\$7,110
4	\$2,146	\$3,219	\$4,292	\$5,365	\$6,275	\$7,429	\$8,583
5	\$2,514	\$3,771	\$5,028	\$6,285	\$7,355	\$8,706	\$10,057
6	\$2,883	\$4,324	\$5,765	\$7,206	\$8,435	\$9,983	\$11,530
7	\$3,251	\$4,876	\$6,502	\$8,127	\$9,515	\$11,259	\$13,003
8	\$3,619	\$5,429	\$7,238	\$9,048	\$10,595	\$12,536	\$14,477
Add For Additional	\$369	\$553	\$736	\$921	\$1,080	\$1,277	\$1,474

* Household is defined as a social unit comprised of spouses, parents, children, or relatives living in the same dwelling.

The Lighthouse Approved Hearing Providers

There are certain hearing providers who work with The Lighthouse hearing program. This means they accept payment from The Lighthouse on your behalf. It also means they abide by the guidelines of The Lighthouse program and agree to provide the services included in your hearing aid package.

For this reason, you **MUST** be a patient of a Lighthouse-approved hearing provider. A list can be found on our website, www.LighthouseGeorgia.org or by calling 404-325-3630.

What does this mean if you already have a hearing test? Can you use it?

Maybe. All hearing tests must be current. According to Georgia law, that means it must be 6 months old or less. Furthermore, if your hearing test does not come from a Lighthouse-approved provider, our Lighthouse providers *may* require you to get a new test from them before you can proceed to be their patient. If you have a current test you wish to use, you will need to ask your new Lighthouse provider if he/she will accept it.

How do you find a Lighthouse-approved hearing provider?

You can find a current list of providers at www.LighthouseGeorgia.org, or you can call the Lighthouse Foundation at 404-325-3630 to request a list.

1. Choose a Lighthouse Provider from the provided list.
2. Call the Provider you have chosen. Tell them that you are applying to The Lighthouse for hearing aid assistance and you need a Lighthouse-approved provider.
 - * If you **have** a hearing test that is **less than 6 months old**, ask them if they will accept it.
 - * If you **do not have** a hearing test, tell them you need one.
3. Ask the Provider if they are willing to accept you as a new patient. If the provider agrees to accept you as a patient, you will see this provider for your Lighthouse-approved hearing appointments.
 - * If the provider is not willing to accept you as a new patient, choose another provider from the list who is in your area and repeat the steps above.