

The following MUST be submitted for this application to be considered: Failure to include these documents will delay your application and increase the time it takes to get approved. Patients are individually responsible for providing the required documents listed below.

1. **Proof of Georgia residency for at least 12 months.**
2. **Completed Lighthouse-approved Hearing Provider Recommendation (page 8).**
3. **Signed Medical Clearance or Medical Waiver (page 8)**
4. **Copy of a current hearing test, less than 6 months old, with a Lighthouse provider.**
5. **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
- (Exception: Georgia Medicaid/Medicare card only accepted if 80+ years old and in a licensed nursing home.)

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)
- 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 you 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 nursing home (on letterhead and signed by nursing home employee)
- 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 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.**

The applicant's household monthly gross income cannot exceed 200% of Federal Poverty Guideline.

2019 Income Eligibility Chart
(According to the Federal Poverty Guideline)

Household Size	0-100%	101-150%	151-200%
1	\$1,014	\$1,561	\$2,082
2	\$1,409	\$2,114	\$2,818
3	\$1,778	\$2,666	\$3,555
4	\$2,146	\$3,219	\$4,292
5	\$2,514	\$3,771	\$5,028
6	\$2,883	\$4,324	\$5,765
7	\$3,251	\$4,876	\$6,502
8	\$3,619	\$5,429	\$7,238
Add For Additional	\$369	\$553	\$736

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