



2026 HOW TO RECEIVE SERVICE FROM MID-SOUTH LIONS SIGHT AND HEARING SERVICE

You will need to complete an application for service when sponsoring a patient to the Mid-South Lions Sight and Hearing Service. There are separate applications for sight and hearing, please use the appropriate application. The federal financial guidelines to qualify for our service are listed on the other side of this and must be strictly followed. Unless there are extenuating circumstances (there are very few exceptions such as medical bills or recent unemployment) patients whose income is greater than the guidelines cannot be considered for service.

Due to the increased cost of hearing aids, ALL hearing applications must be accompanied by a **\$250** check to cover the cost of one hearing aid. Hearing aids are limited to one per patient, per year unless two hearing aids are prescribed by our audiologist. The club must decide whether to fund two hearing aids (**\$500**) if so prescribed. If a hearing aid is not prescribed, the club has the option of a refund, holding it for their next hearing patient, or allowing Mid-South to keep the funds as a club contribution.

The main sight clinic is located on the 2nd floor of the Hamilton Eye Institute at 930 Madison Avenue in Memphis. Additional satellite clinics and specialty clinics (prosthetics, retinas) are located throughout the four-state area (see application for details). Mid-South Lions hearing clinics are located at the Memphis Speech and Hearing Clinic at 807 Jefferson Ave in Memphis and UTMP Clinic at 1325 Eastmoreland Suite 260. It is also important for you to make a copy of the application for your Club's records.

To ensure the most expedited service the sponsoring Lions Club MUST submit the following:

1. A completed, signed up-to-date application (all questions must be answered)
The sponsoring Lions Club must complete the top part and the interviewing Lion should assist the patient in completing ALL patient information. Mid-South produces new applications on a regular basis, please contact the Mid-South Lions office for the latest application and financial guidelines.
2. A written diagnosis from a local eye-care professional (Mid-South should never be used as the primary care vision provider, patients ***may only be referred after*** being examined by a local eye-care professional)
3. Proof of household income (copies of W-2, Form 1040, 1040A, 1040 EZ, check stub, Social Security receipt, etc) This is proof of income for the entire household, not just the patient.

FAILURE TO SUBMIT ALL REQUIRED ITEMS WILL RESULT IN THE APPLICATION BEING RETURNED TO THE SPONSORING LIONS CLUB AND WILL DELAY THE PROCESS SIGNIFICANTLY.

Sight applications are only valid for **THREE MONTHS** from the patient's first appointment. If further care is needed after **THREE MONTHS**, the patient should be seen by a local eye-care professional **prior to** the sponsoring club renewing the application. If long-term vision care is required, Mid-South Lions will provide care through the **Memphis-area Church Health Center or other satellite clinic. Hearing patients' applications are valid for one-year from the first appointment.**

We will notify the patient and the interviewing Lion as to whether the patient has been approved for service, and if approved when and where their first appointment will be. It will be up to the patient and the interviewing Lion to arrange transportation. Currently there is a somewhat lengthy waiting period to get an appointment and/or surgery. *Incomplete forms will cause unnecessary delays in processing of the application.* Please mail the application and applicable attachments to the Mid-South office, not the clinic. Faxing applications **will not** expedite the process. The patient's first visit to Mid-South is for evaluation purposes **ONLY**. Please do not expect surgery on the first visit. Mid-South Lions Sight and Hearing Service depend on Lions Club contributions to continue providing "A Miracle A Day" to patients in your service area. (January 2026)

Federal Indigent Guidelines for 2026

Or until further notice

This is a list of hospital limits on income.

BEFORE ANY DEDUCTIONS

**INCOME FIGURES MUST BE POSTED ON ANY APPLICATION FOR SERVICE
FAILURE TO POST INCOME WILL RESULT IN REJECTION OF APPLICATION**

INCOME BEFORE DEDUCTIONS:

NUMBER IN THE FAMILY	WEEKLY*	MONTHLY**	ANNUAL***
1	\$307	\$1,330	\$15,960
2	\$417	\$1,803	\$21,640
3	\$527	\$2,276	\$27,320
4	\$637	\$2,769	\$33,000
5	\$747	\$3,222	\$38,680
6	\$857	\$3,695	\$44,360
7	\$967	\$4,168	\$50,040
8	\$1,077	\$4,641	\$55,720

* For family units of more than 8 members, add \$110 for each additional member.

** For family units of more than 8 members, add \$473 for each additional member.

*** For family units of more than 8 members, add \$5,680 for each additional member.

Anyone making more than this is considered OVER SCALE by the United States government guidelines, which the hospital must follow. However, the Mid-South Lions Sight and Hearing Service staff examines each case on an individual basis. Barring extenuating circumstances, each Lions Club should see that these guidelines are met.

The hospital requires that all sponsored patients provide proof of their current income. This may be in the form of a current income tax return or a copy of the last payroll check or Social Security checks.

If the patient is a minor, they **MUST** be accompanied by one of the parents or a legal guardian.

The income requirement standards on this form are subject to change as government guidelines change.



Application for **HEARING** Service

The interviewing Lion should assist potential patients in completing this form.

Fill out **COMPLETELY** and return to:
Mid-South Lions
930 Madison Ave, Suite 101
Memphis, TN 38103

Attn Lion: Submitting an incomplete application will cause an unnecessary delay in providing service to your patient.

PLEASE PRINT LEGIBLY

To be considered for hearing service, applications MUST include a non-refundable contribution for \$250. If the patient needs two hearing aids, the sponsoring club must decide whether or not they will also contribute for the second hearing aid. If so, a contribution of \$500 should be included. These funds will be deposited in the Mid-South Lions unrestricted operating fund.

Sponsoring Lions Club _____ **LCI#** _____ **Date** _____

Interviewing Lion _____ **Phone** _____

Address _____ **City** _____ **St** _____ **Zip** _____

Email Address _____ **Lions District** _____

Areas in **Red Bold** are REQUIRED information.

Hearing patients will receive a letter from Mid-South Lions assigning them to be seen at either:

Memphis Speech and Hearing Clinic, 4055 N. Park Loop, Memphis, TN 38152

OR UTMP Head and Neck Surgery/Hearing 1325 Eastmoreland St. Suite 260 Memphis, TN 38104

(Please Mark One) Is this application for a **NEW PATIENT** _____ or **Renewal for a CURRENT PATIENT** _____

Patient's Name _____ **Date of Birth** _____ **Gender** _____

Address _____ **City** _____ **St** _____ **Zip** _____

Phone (Home) _____ **(Work)** _____ **(Cell)** _____

Email Address _____ **Is Patient a Minor?** Yes _____ No _____

Social Security Number _____ **Number in the Household** _____

Do you have health insurance? _____ If so, your group and number _____

Other monthly medical bills (including prescription medication) _____

Household Income (please fill in ONE): **Weekly** _____ **Monthly** _____ **Yearly** _____

SNAP (Food Stamps per month) _____ **Where do you work?** _____

In order to help secure funds for current and future patients, Mid-South Lions requests your cooperation by signing below (Patient or Parent/Guardian). Mid-South Lions sometimes uses photographs, film, videotape, news releases, internet publications and articles to keep the public informed of our services and activities. Occasionally, outside photographers from newspapers and/or television stations are also used to help illustrate our activities. We appreciate your permission to photograph you and/or use your name and story about your visits to our facilities and to use them as mentioned above. By signing below, you indefinitely waive the right to inspect or approve these photographs and/or materials before publication or airing. Also, Mid-South Lions Sight and Hearing Service and its affiliated corporations, officers, agents, employees, Lions Clubs and medical consultants are indefinitely released from all debts, claims and/or liability of any kind arising out of or in connection with the use of your name, story, and/or statements and the use of any caption or description of material therewith.

PATIENT INFORMATION (COMPLETE IF THE PATIENT IS UNDER 19)

Patient (or parent/guardian) signature.

Parent or Legal Guardian _____ **Relationship** _____ **Phone** _____

Address (if different than patient) _____ **City** _____ **St** _____ **Zip** _____



Application for SIGHT Service

The interviewing Lion should assist potential patients in completing this form.

Mid-South CANNOT provide initial eye exams or eyeglasses.

Fill out COMPLETELY and return to: Mid-South Lions 930 Madison Ave, Suite 101 Memphis, TN 38103

Submitting an incomplete application or without a referral letter from an eyecare professional will cause an unnecessary delay in providing service to your patient.

PLEASE PRINT LEGIBLY.

Sponsoring Lions Club LCI# Date

Interviewing Lion Phone

Address City St Zip

Email Address Lions District

Areas in Red Bold are REQUIRED information. Your clinic preference will be considered, but is not guaranteed:

[] HAMILTON EYE INSTITUTE 930 Madison Ave, Memphis, TN

[] THOMAS OCULAR PROSTHETICS Memphis, TN / Little Rock, AR

[] NW ARKANSAS CLINICS (MID-SOUTH WILL DETERMINE WHICH NWA CLINIC BASED ON PATIENT'S CONDITION)

[] EYE LASER & SURGERY CENTER 634 Leigh Dr., Columbus, MS

(Please Mark One) Is this application for a NEW PATIENT or Renewal for a CURRENT PATIENT

Patient's Name Date of Birth Gender

Address City St Zip

Phone (Home) (Work) (Cell)

Email Address Is Patient a Minor? Yes No

Social Security Number Number in the Household

Do you have health insurance? If so, your group and number

Other monthly medical bills (including prescription medication)

Household Income (please fill in ONE): Weekly Monthly Yearly

INCLUDING PROOF OF INCOME IS REQUIRED FOR AN APPLICATION TO BE APPROVED

SNAP (Food Stamps per month) Where do you work?

EVERY SIGHT APPLICATION MUST BE ACCOMPANIED BY A REFERRAL LETTER FROM AN EYECARE PROFESSIONAL

DIAGNOSIS (FROM PRIMARY VISION CARE PHYSICIAN)

In order to help secure funds for current and future patients, Mid-South Lions requests your cooperation by signing below (Patient or Parent/Guardian). Mid-South Lions sometimes uses photographs, film, videotape, news releases, internet publications and articles to keep the public informed of our services and activities. Occasionally, outside photographers from newspapers and/or television stations are also used to help illustrate our activities. We appreciate your permission to photograph you and/or use your name and story about your visits to our facilities and to use them as mentioned above. By signing below, you indefinitely waive the right to inspect or approve these photographs and/or materials before publication or airing. Also, Mid-South Lions Sight and Hearing Service and its affiliated corporations, officers, agents, employees, Lions Clubs and medical consultants are indefinitely released from all debts, claims and/or liability of any kind arising out of or in connection with the use of your name, story, and/or statements and the use of any caption or description of material therewith.

PATIENT INFORMATION (COMPLETE IF THE PATIENT IS UNDER 19)

Patient (or parent/guardian) signature.

Parent or Legal Guardian Relationship Phone

Address (if different than patient) City St Zip