

## APPLICATION INSTRUCTIONS

This application is a six (6) page document dated 3/11

1. Pages 1 and 2 of the application is the INFORMATION FOR PARENT/GUARDIAN to read and keep.
2. Pages 5 and 6 of the application is the INFORMATION FOR SUPPLIERS to read and keep.
3. Page 3 is the APPLICATION FOR HEARING AID(S) AND/OR ASSISTIVE LISTENING DEVICE(S) and must be filled out completely. You can fill in on-line and then print out.
4. Page 4 is the STATEMENT OF INCOME AND EXPENSES and must be filled out completely. You can fill in on-line and then print out.
5. Mail the following to the HIKE Board member listed on the bottom of page 2. Please send U.S. Regular or Priority Mail and DO NOT request a signature.
  - Completed pages 3 & 4
  - Letter from Parents/Guardian requesting Assistance
  - Copy of last years Federal Income Tax Return 1040 pages 1 and 2
  - Copy of recent pay stub(s) for each wage earner
  - Recent Audiogram
  - Itemized cost quotation from supplier
6. Within two weeks, the parent/guardian will receive a letter saying the application is complete or the application is incomplete and what is missing or the application is rejected and the reason for rejection.
7. If the application is complete, it will be sent to the HIKE Board Audiologist and, if approved, will be sent to the HIKE Board Treasurer.
8. The Board Treasurer will send a letter to parent/guardian giving the amount of the grant and approximately length of time before funds will be available.
9. When the funds are available, the awards check (made payable to the supplier) will be sent to a Job's Daughter representative in your area for presentation with a copy of the letter sent to Parent/Guardian. They will contact the Parent/Guardian to make arrangements for the presentation.



# THE HIKE FUND, INC.

*Hearing Impaired Kids Endowment Fund, Inc.  
Supported by Job's Daughters International*

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## INFORMATION FOR PARENT / GUARDIAN

HIKE is a very special endowment fund, created in 1986 by Job's Daughters International to provide hearing and/or assistive listening devices to children or institutions in need - Kids Helping Kids. Job's Daughters International is an organization for young women between the ages of ten and twenty who are related to a Master Mason.

Children under the age of twenty who are U.S. Citizens and have not received a previous HIKE Award within the last four (4) years and who have been identified as 1) having a need for a hearing aid(s) or an assistive listening device and 2) having a financial need can benefit from HIKE. Applicants with a documented hearing loss are considered without regard to sex, race, religion, color, or creed. Each application is weighed on its own merit, and the application requires a letter from the applicant's family which is an important part of the application. Considerations include family income, size of household, burdensome medical expenses for the applicant, and the cost of the hearing technology requested.

Funds raised for HIKE are collected almost entirely by young women across the United States who are members of Job's Daughters - there are no salaried fund raisers! With the guidance of their adult workers, Job's Daughters seek pledges for "hikes," sell baked goods, participate in rock-a-thons, sponsor dinners, and develop many other creative fund-raising ideas to support the work of the HIKE Fund.

For a child to be considered, the attached application must be completed. **This application must be accompanied by the following documents:**

1. A letter from the parent(s) or guardian(s) explaining the financial need
2. Statement of Income and Expenses
3. A copy of last years Federal Income Tax Return 1040 pages 1 & 2 and the most recent pay stub(s) from each wage earner (parents and/or guardians only)
4. A recent (not more than twelve (12) months old) audiogram **AND** quote from a licensed and/or certified audiologist and/or physician

*" . . . that every child with joy may hear . . . " Blake*

5. An itemized cost quotation from the supplier which should include cost of hearing aid(s) or device(s), cost of ear mold(s), professional fees (evaluation, fitting/dispensing fee, follow up visits, repairs/warranty per year, batteries, and insurance - loss or damage). **Please give your supplier the portion of this application entitled, "Information for Supplier"**.
6. Please emphasize to your child's supplier that it is important to provide an address and telephone number in the space provided on the application form.

Submission of a single, all-inclusive information package allows the process to be completed in an efficient, timely manner. When all parts of the application have been received, consideration for approval begins. If any of the information described above is not included, this will delay consideration. You will be notified of the receipt of your application and of any additional information, if any, that will be required. Each application is reviewed initially for general content and subsequently is submitted to the HIKE Board's Audiologist for final review.

**Please note that we are unable to accept applications for services or devices which have already been fitted.**

The entire process of review, approval, and disbursement, depends upon the completeness of appropriate paperwork and the availability of funds for disbursement. You will be notified when the application has been approved and the funds are available. Many suppliers have elected to fit the child as soon as the family receives the notice from The HIKE Fund.

Following approval of an application, a check (payable to the supplier) will be sent to a representative of Job's Daughters for presentation to the recipient and his/her family. You will be contacted by a representative of Job's Daughters International to discuss a convenient time for the presentation.

If you have questions or would like to have assistance from a representative of Job's Daughters in your area, please contact:

**The HIKE Fund, Inc.  
c/o Abbey Croissant  
18 Cambridge Drive  
Belleville, IL 62226  
Phone: (618) 222-0936  
E-mail: [ajcroi@yahoo.com](mailto:ajcroi@yahoo.com)**

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## APPLICATION FOR HEARING AID(S) AND/OR ASSISTIVE LISTENING DEVICE(S)

In order to be eligible a child must:

- \* Be a U.S. Citizen
- \* Have not received a previous Award
- \* Be under twenty years of age in the past four (4) years

Name of Child: _____ Male [ ] Female [ ]		DOB: _____	Age: _____
Name of Parent or Guardian: _____			
Address: _____		City: _____	State: ____ Zip: _____
Phone: Home _____	Work: _____	E-mail: _____	
Previous Award? Yes _____ NO. If Yes, when _____			
Referring Physician and/or Audiologist : _____			
Practice: _____			
Address: _____		City: _____	State: ____ Zip: _____
Phone: _____	FAX: _____	E-mail: _____	
Supplier _____ :			
Address: _____		City: _____	State: ____ Zip: _____
Phone: _____	FAX: _____	E-mail: _____	

### ANY ITEMS NOT RECEIVED WILL DELAY THE APPLICATION PROCESS

**SEND COMPLETED APPLICATION TO:**

**The HIKE Fund, Inc.**  
**c/o Abbey Croissant**  
**18 Cambridge Drive**  
**Belleville, IL 62226**  
**Phone: (618) 222-0936**  
**E-mail: ajcroi@yahoo.com**

**PLEASE INCLUDE THE FOLLOWING:**

- [ ] LETTER FROM PARENTS and/or GUARDIANS REQUESTING ASSISTANCE
- [ ] STATEMENT OF INCOME AND EXPENSES
- [ ] LAST FEDERAL INCOME TAX RETURN
- [ ] COPY OF RECENT PAY STUB
- [ ] RECENT AUDIOGRAM
- [ ] AN ITEMIZED COST QUOTATION FROM SUPPLIER

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# STATEMENT OF INCOME AND EXPENSES

Name of Person completing this form: \_\_\_\_\_

FAMILY SIZE: No. of Wage Earners \_\_\_\_\_ No. Adults \_\_\_\_\_ No. Children \_\_\_\_\_

Please attach a copy of last years Income Tax Return and the most recent pay stub(s) from each wage earner.

## **MONTHLY INCOME:**

Salary/Wages	\$ _____
Public Assistance (welfare, food stamps, etc).	_____
Social Security benefits	_____
Rental Income	_____
Investment Income	_____
Alimony/child support	_____
All other sources of income or Assets	_____
_____	_____
Total INCOME from all sources:	\$ _____

## **MONTHLY EXPENSES:**

Mortgage/rent Payment(s)	\$ _____
Automobile/other vehicle payments	_____
Utilities	_____
Clothing	_____
Insurance (Health/Life/Auto)	_____
Other health care payments	_____
Other _____	_____
Other _____	_____
Other _____	_____
Total EXPENSES	\$ _____

Are You Awaiting Funding From Another Source? \_\_\_\_\_ If YES, What Amount \$ \_\_\_\_\_

From What Organization? \_\_\_\_\_

The financial information provided above is, to the best of my knowledge, accurate and complete. It includes total monthly income from all sources.

\_\_\_\_\_  
Applicant, Applicant's Parent/Guardian

\_\_\_\_\_  
Date

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## **INFORMATION FOR SUPPLIERS**

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Funds raised for HIKE are collected almost entirely by young women across the United States who are members of Job's Daughters - there are no salaried fund raisers! With the guidance of their adult workers, Job's Daughters seek pledges for "hikes," sell baked goods, participate in rock-a-thons, sponsor dinners, and develop many other creative fund-raising ideas to support the work of the HIKE Fund.

Dedicated individuals from throughout the United States serve without compensation on the Board of Directors. Proudly, our operating expenses have historically been less than five percent of total income. In recognition of this service and our designation by the Internal Revenue Service as a 501(c)(3) organization, some suppliers have provided equipment at discounted rates and others have waived portions or all of their usual, customary fees.

### **THE APPLICATION PROCESS:**

HIKE Bylaws require that the supplier submit a cost quotation which is itemized and includes, but is not limited to, the following information:

1. Cost of hearing aid(s) and/or assistive listening device(s)
2. Cost of ear mold(s)
3. Batteries
4. Professional fees (evaluation; fitting/dispensing; follow-up, per visit)

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5. Repair warranty, per year
6. Insurance for loss and/or damage
7. Other items

The quotation must be submitted on official letterhead and should include the name of a contact person who is familiar with the applicant's case. When possible, it is helpful to list phone numbers for the contact during daytime or early evening hours, as some inquiries are done after normal business hours.

Please give this quotation to the parent or guardian making the request to include with other documents required for application. Submission of a single, all-inclusive information package allows the process to be completed in an efficient, timely manner.

Each application is reviewed initially for general content and subsequently is submitted to the HIKE Board's Audiologist for final review. If the Board Audiologist has questions concerning the quotation you may be contacted.

Please note that we are unable to accept applications for services or devices which have already been fitted.

**THE AWARD PROCESS:**

The entire process of review, approval, and disbursement depends upon the completeness of appropriate paperwork and the availability of funds for disbursement. The family of the recipient is notified immediately when the application has been approved, and many suppliers have elected to fit the child as soon as the family receives the notice from The HIKE Fund.

Following approval of an application, a check (payable to the supplier) will be sent to a representative of Job's Daughters for presentation to the recipient and his/her family.

Thank you in advance for your cooperation in submitting the necessary information for the cost quotation. Applications are processed as quickly as possible so that, to the fullest extent possible, no child in need will go without assistance. If you wish to contact the HIKE Board's Audiologist, e-mail: [audiologist@thehikefund.org](mailto:audiologist@thehikefund.org) or please contact The HIKE Secretary (352) 688-2579.

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