



THE HIKE FUND, INC

Hearing Improvement Kids Endowment Fund

Supported by Job's Daughters International

Website: www.thehikefund.org



APPLICATION INSTRUCTIONS

This application is a Seven (7) page document dated July 2020

1. Pages 2 and 3 of the application is the INFORMATION FOR PARENT/GUARDIAN to read and keep...
2. Pages 6 and 7 of the application is the INFORMATION FOR SUPPLIERS to read and keep.
3. Page 4 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 5 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 3. Please send U.S. Regular or Priority Mail and DO NOT request a signature. If you request a signature it will delay the processing. Extra postage may apply and application will be returned if postage is not sufficient. Make sure to include the following:
 - ✓ Completed pages 4 & 5
 - Make sure to include the information on who the award check is made out to - verify this information with the Audiologist/Supplier – Note Award checks cannot be made payable to families
 - ✓ Letter from Parents/Guardian requesting Assistance
 - ✓ Copy of last year's Federal Income Tax Return 1040 pages 1 and 2 (you can black out SSNs, Bank Account Numbers and Pin Numbers)
 - ✓ Copy of recent pay stub(s) for each wage earner (you can black out SSNs)
 - ✓ 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, it will be forwarded 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.
10. The Job's Daughter representative will contact you to arrange a ceremonial check presentation. It is important that you and the HIKE Recipient attend if possible as this helps to show our members that their hard work has served to help others. It also helps to motivate them to continue to raise funds for HIKE so other families may benefit from their efforts.

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



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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 or sponsored by 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 year's Federal Income Tax Return 1040 pages 1 & 2 and the most recent pay stub(s) from each wage earner (parents and/or guardians only) (SSNs and Bank Account Numbers can be blacked out)
4. A recent (not more than twelve (12) months old) audiogram **AND** a quote from a licensed and/or certified audiologist and/or physician
5. Gross earned income cannot exceed \$125,000.
6. 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".**
7. 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.

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

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

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 that they will be awarded a grant.

Following approval of an application, a check (payable to the Audiologist/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. Note: The award check is only valid for 180 days from the date written.

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 Claudia Hauser
530 Elliott St
Council Bluffs, IA 51503-0202
Phone: (712)-325-0812
E-mail: cbclaud@aol.com**

***Note:** If approved for a grant you will be notified of the amount of the award. You may also be contacted by a representative of Job's Daughters to attend a ceremonial check presentation. It is important that you and HIKE Recipient attend if possible as this helps to show our members that their hard work has served to help others. It also helps to motivate them to continue to raise funds for HIKE so other families may benefit from their efforts.*

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

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
- * Gross earned income cannot exceed \$125,000.00

Name of Child: _____ Male Female DOB: _____ Age: _____

Name of Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Previous Award? Yes No If Yes, when _____

Referring Physician and/or Audiologist: _____

Address: _____ City: _____ State: _____ Zip: _____

Supplier: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Date of last visit: _____

Check if Award check is to made payable to Physician and/or Audiologist listed above. If not please list the name of the Supplier who the Award check should be sent to. We cannot make check payable to families only to Audiologists/Suppliers. **Be sure to verify with Audiologist/Supplier.**

Supplier/ Audiologist: _____

Contact Person: _____

Phone: _____ E-mail: _____

Supplier Account # _____ Order # _____

Supplier Account # and order # are essential if the supplier is Cochlear Americas

SEND COMPLETED APPLICATION TO:

The HIKE Fund, Inc.
c/o Claudia Hauser
530 Elliott St.
Council Bluffs, IA 51503
Phone: (712) 325-0812
E-mail: cbclaud@aol.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
- WHO THE AWARD CHECK SHOULD BE SENT T

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 year's Income Tax Return and the most recent pay stub(s) from each wage earner.

MONTHLY INCOME:

Salary/Wage \$ _____

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: \$ _____

(Gross income cannot exceed \$125,000)

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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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 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)
5. Repair warranty, per year
6. Insurance for loss and/or damage
7. Other items
8. Who the Award Check is made payable to. (Audiologist/Supplier)

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.

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

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 purchased.

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, subject to availability of funding, a check (payable to the Audiologist/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, if at all possible, no child in need will go without assistance. If you wish to contact the HIKE Board's Audiologist, email: audiologist@thehikefund.org or please contact The HIKE Executive Secretary (712) 325-0812 or email: johnhauser11@gmail.com.

You will need to provide this information to the person completing the application on who the check for the equipment should be made out to. Note we cannot make checks out to families and cannot reimburse for equipment already purchased.

AWARD CHECK MADE PAYABLE TO:			
Audiologist/Supplier: _____			
Address: _____	City: _____	State: _____	Zip: _____
Contact Person: _____			
Phone: _____	Fax: _____	E-mail: _____	
Supplier Account # _____	Order # _____		
Supplier Account # and order # are essential if the supplier is Cochlear Americas			

Checks are made payable to the supplier and are good for 180 days for the day of issue.