



SPONSORED BY THE

KANSAS, NORTH MISSOURI, AND SOUTH MISSOURI DISTRICTS
OF SERTOMALA SERTOMA INTERNATIONAL

Adopted 1982
Revised 1992
Revised 2000

MISSION STATEMENT

The mission of the SHARP sponsorship is to provide reconditioned hearing aids to low-income persons. In-the-ear type and behind-the-ear type hearing aids, earmolds, and batteries will be provided at no cost to persons meeting the program's financial guidelines and who are not eligible to obtain a hearing aid through any private or governmental agency or insurance provider. Preference will be given to persons age 65 and older as a great number of them have a hearing impairment and cannot obtain a hearing aid from Medicare or their supplemental insurance carrier. Persons under the age of 18 will have the lowest priority as they usually require the most powerful hearing aids, which are rarely collected, and are best helped with new hearing aids, which can be obtained through a center affiliated with the Sertoma Foundation and participating in the Foundation's cooperative buying program.

Ten-Steps to MAKE LIFE WORTHWHILE
for Hearing Impaired Persons

1. COLLECTIONS: We MUST collect 3 to 4 aids to GET 1 repaired aid.
 - a. Solicit and accept all types of aids from any source
 - b. Give or mail DONOR CARD to those requesting it
 - c. Mail aids to Collection Center

2. APPLICATIONS: Recipients must make no more than the suggested yearly income and not be eligible for a hearing aid through any other program.
 - a. Establish procedure to mail and receive APPLICATION and HEARING HISTORY form; use suggested letters #1 and #2
 - b. Income guidelines:
 1. Single \$10,296.00/year
 2. Family of 2 \$13,788.00/year
 3. Family of 3 \$17,268.00/year
 4. Family of 4 \$20,784.00/year
 - c. Advise applicants that you will try, but not promise, to get an aid for them. Appropriate fittings are limited by stock of reconditioned aids
 - d. Advise applicants of conditions on HEARING AID LOAN AGREEMENT

3. SHARP COMMITTEE: The program is possible only with Club support.
 - a. Get Club approval of a SHARP financial budget
 - b. Review applications
 - c. Interview applicants in their home
 - d. Suggested fees payable to affiliate
 1. Hearing Evaluation \$ 50.00
 2. Fitting/counseling \$100.00
 - e. Fees to the SHARP
 1. Hearing aid repair (BTE) \$38.00
 2. Hearing aid repair (ITE) \$ 77.00
 3. Earmold (BTE only) \$ 19.75
 4. Batteries \$ No charge
 - f. SHARP fees will be deferred when treasury exceeds \$1,500.00
 - g. Advise applicants of committee's decision
 1. Disapproved: Letter #3 or letter #4
 2. Approved: Letter #5 or #6

4. TRANSPORTATION: You can't help recipients who can't get to their appointments.
 - a. Some elderly persons either may not have a car or be unable to drive
 - b. It is the Club's responsibility to get, or arrange to get, approved applicants to all scheduled medical, audiological, hearing aid delivery, and counseling appointments

5. HEARING TESTS: Complete audiological testing determines who can and who cannot benefit from a hearing aid.
 - a. Schedule with Affiliate Center or obtain from a state licensed audiologist
 - b. The Affiliate Center audiologist will have the final decision to accept the findings of another audiologist or require additional testing at their Center
 - c. The Affiliate Center audiologist will have the final decision about whether a sponsored applicant can or cannot benefit from a hearing aid
 - d. The Affiliate Center audiologist will advise the Club and applicant
 1. that they could benefit from a hearing aid and that an appropriate aid is available
 2. that they could not benefit from a hearing aid
 - e. The Center audiologist will make and mail the earmold impression and audiogram to the Collection Center
 - f. The Collection Center will have the earmold (or ITE aid) made and/or BTE aid selected and returned to the Center audiologist
 - g. The sponsoring Club will pay the evaluation fee to the Affiliate Center as suggested in Step 3/d1
6. MEDICAL CLEARANCE: The clearance is required before any aid is distributed.
 - a. It is the Club's responsibility to arrange, obtain, and pay (unless donated) a medical examination of all recipients
 - b. The MEDICAL CLEARANCE may be completed by any physician but it should be done preferably by a physician specializing in ear diseases
7. HEARING AID DELIVERY: The hearing aid will be dispensed only at an Affiliate Center.
 - a. The hearing aid will be delivered only after the Affiliate Center has received the signed MEDICAL CLEARANCE form
 - b. The sponsoring Club will pay the fitting/counseling fee to the Affiliate Center as suggested in Step 3/d2
 - c. The sponsoring Club will be billed for the earmold and hearing aid by the SHARP according to Step 3/e
8. HEARING AID LOAN AGREEMENT: So everything is clear and up front.
 - a. The Affiliate Center audiologist will complete and obtain the recipient's signature on the LOAN AGREEMENT when the aid is delivered
 - b. Give original to recipient and mail a Xerox copy to the Collection Center and to the sponsoring Club
 - c. A copy of the HEARING AID LOAN AGREEMENT is sent to the repair facility; the one-year warranty on the reconditioned aid starts on the delivery date to the recipient

9. COUNSELING: A must for adjusting to a "New World of Sound."
 - a. The Affiliate Center audiologist will provide initial counseling sessions as part of the fitting/counseling fee
 - b. The charges for additional counseling sessions must be arranged with and paid for by the sponsoring Club to the Affiliate Center
10. FOLLOW-UP: Monthly personal visits by a Club member with recipients will reveal problems as well as determine continuing use and benefit from the aid.
 - a. Return aid to Collection Center if recipient does not like or use after the 30-day trial period
 - b. Provide recipients with needed batteries obtained from Collection Center
 - c. Return aid to Collection Center for repairs, non-use, abuse, and/or upon death of the recipient

COLLECTION CENTER
M'Elizabeth R. Maatta, M.A.
414 Oakdale Drive
Manhattan, KS 66502-3736
785/539-7361 (work)
785/776-7534 (home)

SHARP Secretary/Treasurer
Danton C. Hejtmanek
PO Box 797
Topeka, KS 66601-0797
785/235-5678 (work)
785/357-1729 (fax)

THE SHARP FLOW CHART

AID COLLECTION

1. Collect aids
2. Send to Collection Center
3. Provide donor cards

SHARP COMMITTEE

1. Financial review
2. Medical clearance
3. Transportation

RECIPIENT FOLLOW-UP

1. Return aid to Collection Center if not liked or used during 30-day trial period
2. Monthly visits by a club member with recipients to determine continuing use of aid and provide hearing aid batteries
3. Return to Collection Center for repairs, non-use or abuse, and/or upon death

REFERRALS

1. Health Department
2. Senior Centers
3. V.A. Hospital

HEARING EVALUATION AT AFFILIATE CENTER BY LICENSED AUDIOLOGIST

1. Testing to determine need and benefit from aid
2. Select style and ear to fit
3. Send audiogram and earmold impression to Collection Center

HEARING AID DELIVERY AT AFFILIATE CENTER BY LICENSED AUDIOLOGIST

1. Fitting and orientation
2. Compete Loan Agreement
3. Follow-up counseling

COLLECTION CENTER
M'Elizabeth R. Maatta, M.A.
414 Oakdale Drive
Manhattan, KS 66502-3736
785/539-7361 (work)
785/776-7534 (home)

AGENCY INFORMATION AND/OR HEARING AID PROVIDERS

(Check your phone book for local address and phone numbers)

Information Kansas: "Make a Difference Information Network" for children and adults with disabilities (1-800-332-6262).

Missouri: "Inform" Information Network for Missouri's Children Special Needs (1-800-873-6623).

MEDICAID - Medical assistance for low-income persons.

Kansas: Social and Rehabilitation Services.

Missouri: Missouri Division of Family Services.

HANDICAPPED CHILDREN - Family Crippled Children Services.

Kansas: Services for Children with Special Health Care Needs.

Missouri: Bureau of Special Health Care Needs.

VOCATIONAL REHABILITATION - Persons age 16 and older.

Kansas: Disability Determination and Referral Services.

Missouri: Division of Vocational Rehabilitation Disability Determinations.

VERTERANS ADMINISTRATION - Hearing Tests but hearing aids generally limited to WWI Vets, POWs, and those with service connected hearing loss.

Kansas: VAMC Topeka (785/350-3111)

Missouri: VAMC Kansas City (816/861-4700, Ext. 3291).
VAMC St. Louis (314/894-6696).

SUGGESTED LETTERS TO APPLICANTS AND RECIPIENTS

1. ACKNOWLEDGING INQUIRY: Dear _____, Thank you for inquiring about obtaining a reconditioned hearing aid through the Sertoma Hearing Aid Recycling Program. Please complete the enclosed Application and Hearing History forms to the best of your ability and return them to _____. Sincerely,
2. ACKNOWLEDGING APPLICATION: Dear _____, Your application for a reconditioned hearing aid has been received and will be reviewed by our _____ Committee. When the review is completed, I will advise you of the Committee's decision. Sincerely,
3. DISQUALIFYING BECAUSE OF TOO MUCH INCOME: Dear _____, Our _____ Committee has reviewed your application for a reconditioned hearing aid and determined that your income exceeds the amount we have set for persons to obtain a hearing aid through our program. Although the high cost of living makes it difficult for many of us to get along these days, we have to restrict our recipients to those with very limited incomes. We thank you for inquiring and hope that you can obtain an aid to help with your hearing problem. Sincerely,
4. DISQUALIFYING BECAUSE OF TOO LITTLE INCOME: Dear _____, Our _____ Committee has reviewed your application for a reconditioned hearing aid. Your reported income of \$_____ may qualify you to obtain a new hearing aid through the _____. The Committee recommends and encourages you to apply to them for a new hearing aid before making a final recommendation on your application. You can obtain an application at _____. If you have any questions or need assistance in obtaining and completing the application, please write or call me. Sincerely,
5. NOTIFICATION FOR A HEARING TEST: Dear _____, Our _____ Committee has reviewed your application for a reconditioned hearing aid. We want to test your hearing to determine if your hearing loss could be helped with a hearing aid. You will be contacted by _____, the audiologist at _____, to schedule the appointment. I will advise you of _____'s recommendation when the test is completed. Sincerely,
6. NOTIFICATION THAT AN AID WILL BE PROVIDED: Dear _____, We have been advised _____, the audiologist who tested your hearing, that a hearing aid would help compensate for your hearing loss, and he/she will schedule the fitting and follow-up counseling with you. Mr/Mrs. _____, our Club representative, will call or visit with you monthly and provide you with the batteries as you need them. When you need new batteries, have any questions, or have any problems with your hearing aid, please call him/her at _____. We welcome you to the NEW WORLD OF SOUND your hearing aid will provide, and we will make every effort to help you benefit from using the aid. Sincerely,



SERTOMA HEARING AID RECYCLING PROGRAM

Please complete the application to the best of your ability and return to:

1. IDENTIFICATION

Name _____ Age _____ Marital Status _____

2. ADDRESS

Street _____ Phone Number _____

City _____ Apartment Number _____ Zip Code _____

3. LIVING ARRANGEMENT

Own Home _____ Rent _____ Other _____

4. DEPENDENTS

Number of family members who are dependent upon you _____

Ages of dependent family members _____

5. YEARLY INCOME

All Social Security of family \$ _____

From work \$ _____

Other \$ _____

Total \$ _____

6. CURRENT NET WORTH

Home \$ _____

Savings \$ _____

Other \$ _____

Total \$ _____

Signature

Date

Sponsoring Club

For office use: DO NOT COMPLETE

Received _____ Reviewed _____ Applicant Advised _____

HEARING HISTORY

Name _____ Age _____ Date _____

1. When did you first notice your hearing difficulty? _____

Describe _____

2. Which do you feel is your better ear? RE _____ LE _____ Neither ear _____

3. Do you have any ringing or noises in your ears? _____ If "yes" describe _____

4. Do you have any dizziness? _____ If "yes" describe _____

5. Have you had any earaches, infections, or drainage from your ears in the past or recently? _____ If "yes" describe _____

6. Have you had any medical treatment or surgery on your ears? _____ If "yes" describe _____

7. Have you ever had your hearing tested? _____ When? _____ Where? _____

8. Describe any problems you have with your hearing such as:

_____ Do you have trouble hearing people talk?

_____ Do you have trouble hearing in background noise?

_____ Do you have trouble using the phone or hearing the television?

_____ Describe any other problems you have with your hearing _____

9. Have you ever used a hearing aid(s) before? _____ When? _____ Brand(s) _____

Ear(s) fitted _____ Did you feel the aid(s) helped? _____

10. Do you now or have you had any systematic illnesses such as kidney problems, mumps, diabetes etc.? If yo explain _____

11. Are you regularly exposed to excessive noise? _____ If so, please explain _____



**HEARING AID FITTING
MEDICAL CLEARANCE**

Date: _____

PATIENT INFORMATION:

Name: _____

Address: _____

City: _____

Birth Date: _____

To the patient:

Please contact your physician and obtain his or her approval for your receipt of a hearing aid. Please obtain his or her signature below.

PHYSICIAN INFORMATION:

The patient's hearing loss has been evaluated medically, and the patient may be considered a candidate for hearing aid amplification.

Physician Name: _____
(Please Print)

Address: _____

City: _____

PHYSICIAN SIGNATURE: _____



HEARING AID LOAN AGREEMENT
Sertoma Hearing Aid Recycling Program

I, _____, residing at _____
in _____, Kansas/Missouri, agree
to accept this _____ hearing aid, serial number _____,
provided by the Sertoma/La Sertoma Club of _____
with the understanding that I shall:

1. receive all hearing aid services, earmolds, and batteries at no cost to me,
2. keep the aid as long as it operates and I continue to use it,
3. use reasonable precaution to avoid abuse or loss of the aid,
4. not sell or give the aid to another person,
5. advise the Sertoma/La Sertoma Club of _____ if I move
from the above address, and
6. permit the Sertoma/La Sertoma Club of _____ to reclaim
the aid for any violation of this agreement, which in turn cancels this
agreement, or upon my death.

Date

Signature of recipient

Chairman
Hearing & Speech/SHARP Committee
Sertoma/La Sertoma Club of _____

Distribution: Original to recipient
Copy for Club
Copy to Larry J. Piail Ford, Ph.D.
Copy to Secretary-Treasure of the SHARP



RECEIPT Date _____

A contribution of _____

been received from _____

All hearing aids donated to the Sertoma Hearing Aid Recycling Program are income tax deductible at the present fair market value. The Internal Revenue Service (IRS) advises that "fair market value" is interpreted as that price which a buyer is willing to pay and a seller is willing to accept. The IRS places the responsibility for estimating the value upon the donor rather than the recipient of the gift.

THANK YOU FOR YOUR DONATION:

By _____

for Sertoma Hearing Aid Recycling Program

By-Laws

Sertoma Hearing Aid Recycling Program

Approved May 1, 1992
Springfield, Missouri

ARTICLE 1. Name

The name of this activity shall be the "Sertoma Hearing Aid Recycling Program," and it shall be hereinafter referred to as and simply called the "Sharp." It shall be a charitable, not-for-profit activity of the Kansas District of Sertoma International.

ARTICLE II. Purpose

The purposes of this activity shall be to provide audiological evaluations, reconditioned hearing aids, earmolds, batteries, and hearing aid counseling at no cost to persons who are determined eligible and qualified under the guidelines of the program.

ARTICLE III. Objectives

The objectives of this program shall be to provide for the collection and reconditioning of used hearing aids from any available source, purchase of earmolds and batteries at reasonable cost to the SHARP, and dispensed at Sertoma Foundation Affiliated Programs staffed by audiologists licensed to fit and dispense hearing aids in the state where the center is located.

ARTICLE IV. Membership

The membership of the SHARP shall be composed of Sertoma and La Sertoma Clubs within the Kansas, North Missouri, and South Missouri Districts of Sertoma and La Sertoma International who choose to join per Article VII, Section 2.

ARTICLE V. Executive Committee

Sec. 1. Members and Appointments. The Executive Committee shall be composed of seven persons appointed by the Kansas District Governor as follows:

- a. Chairman
- b. Secretary-Treasurer
- c. The Foundation District Representatives from the Kansas, North Missouri, and South Missouri Districts of Sertoma International;

- d. The La Sertoma Governor or her representative from the Kansas and Missouri District of La Sertoma International.

Sec. 2. Powers and Duties. The Executive Committee shall have full charge of the property and business of the program with the power and authority to conduct same, subject to the instructions from the annual meeting. The Executive Committee shall plan and direct the work necessary to carry out the program and encourage Clubs to develop financial support to further the work of the program at the District and local levels. The Executive Committee shall create and designate such special committees as it deems necessary.

Sec. 3. Annual Meeting. The Annual Meeting of the SHARP shall be held in conjunction with the Kansas District Convention held concurrently with the Midwest Regional Convention.

Sec. 4. Special Meetings. The Chairman may call special meetings of the Executive Committee and shall call a special meeting upon the written request of any members of the special meetings by letter sent at least six (6) days prior to such meeting, provided however, that during the Annual Meeting or Fall District Convention, the Chairman may, or upon the request of any two (2) members of the Committee, shall call a special meeting of the Committee by advising the members of the Committee in attendance of the time and place of the special meeting.

Sec. 5. Quorum. A majority of the Committee members must be present to constitute a quorum.

ARTICLE VI. Officers

Sec. 1. Enumeration and Term of Officers. The officers of the Executive Committee shall be the Chairman and the Secretary-Treasurer. The Kansas District Governor shall be an exofficio member of the Executive Committee. The officers shall hold office for one (1) year or until their successors have been appointed by the Kansas District Governor.

Sec. 2. Chairman. The Chairman shall preside at all meetings of the Executive Committee unless the Chairman designates someone to preside. The Chairman shall be, exofficio, a member of all committees and shall have such usual powers of supervision and management as may pertain to the office of the Chairman and perform such other duties as may be designated by the Committee.

Sec. 3. Secretary-Treasurer. The Secretary-Treasurer shall keep minutes of all meetings of the Executive Committee. The Secretary-Treasurer shall collect and receive all monies due. The Secretary-Treasurer shall be the custodian of these monies. The Secretary-Treasurer shall present an annual report to the Annual Meeting. The books of the Secretary-Treasurer shall be audited annually, and a copy of the audited Treasurer's Report shall be distributed to the five (5) Sertoma and La Sertoma Governors as soon as it is available.

ARTICLE VII. Financial Administration

Sec. 1. Fiscal Year. The fiscal year of SHARP shall correspond with that of Sertoma International.

Sec. 2. Financial Support. Each Sertoma and La Sertoma Club in the three (3) districts shall be invited to join and to make payment directly to the Secretary-Treasurer of the SHARP the amount of one (1) dollar per club member each fiscal year.

ARTICLE VIII. Distribution of Funds

Sec. 1. Dissolution. In the event of a dissolution for any cause, all monies and securities that may at that time be owned or under the absolute control of the SHARP shall be held until the next Annual Meeting at which time the attending members shall vote for the distribution of such monies, securities, and properties.

ARTICLE IX. Parliamentary Authority

Sec. 1. Parliamentary Authority. The rules contained in Roberts' Rules of Order, Newly Revised, shall govern the activity in all cases to which they are applicable and in which they are not inconsistent with these By-laws.

ARTICLE X. Amendments

Sec. 1. Amendments. These By-laws may be amended by a two thirds (2/3) vote at the Annual Meeting of the Kansas District, using the following procedures:

- a. Proposals for change shall be submitted by any Sertoma or La Sertoma Club to the Executive Committee at least two (2) months prior to the Annual Meeting.
- b. All such proposed amendments together with the recommendation of the Executive Committee shall be sent to the presidents of the Clubs at least one (1) month prior to the Annual Meeting.
- c. The presidents of the Clubs shall notify the members of their respective Clubs of the proposed amendments. Failure of a Club president to give such notice shall not invalidate amendments to the By-laws.