



APPLICATION FOR ASSISTANCE

(Audiologist Referral)

General Information:

Candidate's Name: _____ SSN: _____ DOB: _____

Audiologist Name: _____ Date of Request: _____

Facility: _____

Address: _____

Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

Email: _____ Website: _____

State Licensure/Registration Number: _____ Issued: _____

Board Certified Hearing Instrument Specialist (BC-HIS) Number: _____ Issued: _____

Audiologist Responsibility:

- I will not charge a hearing aid fitting fee to approved clients.
- I will provide follow-up services as needed for the warranty year(s) at no additional fee to client.
- I will submit audiological test results and other information deemed necessary to HearAid Foundation in order to provide optimal care to the client.
- I will follow state/federal guidelines necessary for obtaining medical clearance/waiver prior to fitting HearAid client with hearing instrument(s).
- I will provide written verification of HearAid client receipt of hearing instrument(s).
- I will not advertise/market HearAid recipients for personal advertising purposes.

Client Income Eligibility:

Number in Family	Annual Income	Number in Family	Annual Income	Number in Family	Annual Income
2	\$29,140	4	\$44,100	6	\$59,060
3	\$36,620	5	\$51,580	7	\$66,540

Each additional person add \$7,480. Please submit a copy of your tax return or if not applicable a copy of your latest paycheck stub. If the family income is at or below the listed amounts the candidate will be eligible. If the family does NOT meet the criteria or income is not available, please provide a written referral for that client.

Hearing Aid Information:

Please complete the following information for the client's hearing aid(s):

Number of hearing aids requested: ____ 1 ____ 2 If (1) specify which ear: ____ right ____ left

Hear Aid Style: ____ ITE ____ BTE Earmolds: ____ Right ____ Left

Provider's input: _____

If you have any questions please call Tanya Penn at HearAid Foundation: (949) 436-8218 or email info@hearaidfoundation.org
Please submit referrals to: HearAid Foundation, Inc. 446 Old Newport Blvd. Newport Beach, CA 92663