



APPLICATION FOR ASSISTANCE

HearAid Foundation's Mission is to assist those in our community who seek, but have limited resources, to achieve their fullest hearing potential.

If you or a loved one is interested in applying for hearing assistance, please complete the sections below:

Parent/Guardian Please Fill Out for Minor:

General Information:

Candidate's Name: _____ Date of Birth: _____

Home Address: _____

Birth Hospital: _____

Parent/Guardian Phone Number: _____ - _____ - _____

Person Responsible: _____ Relationship: Mother Father Guardian

Services:

Specify if child is enrolled or eligible in California Children's Services (CCS) and/or other California funded programs:

CCS: Applied Enrolled Denied why Denied _____

Other: Applied Enrolled Denied

(If other, please explain): _____

Is child insured under any health plan? Yes No

Income:

Total Household income for the past 12 months: _____

(Please include: Wages/Salary, Pension, Social Security, Child Support and any other income.)

Submit a copy of tax return or if not applicable a copy of your last paycheck stub.)

Expenses:

Number of family members living in the household: _____

Total allowed deductions for the past 12 months: _____

(Please include: Total Medical/Dental not paid for by health insurance or third party, Annual Rent or Mortgage Payment, Annual Payments for primary vehicle, and Dependent Care (childcare and/or incapacitated adults receiving care.)

Parent Responsibility:

Once eligibility and funding have been reviewed and accepted, you will go through your provider to receive earmolds and hearing aids. HearAid Foundation Inc. will not accept financial responsibility for any additional tests, treatment or office visits. By signing this form, you agree to release information to HearAid Foundation. Information specific to your child and his/her hearing loss may be shared with other medical, audiology and early intervention specialists or agencies in order to provide optimal care. Information that doesn't specifically identify the candidate may be published or used to pursue funding for HearAid.

Parent or Guardian: _____ Date: _____