



Hear₂help

Hear 2 Help Assistance Application

To be completed by Parent or Guardian:

In addition to this form to be considered applicants must provide the following: Proof of family income with federal tax return, letter from family as to why need for assistance, and a statement of income and expenses. (all original documentation will be returned upon conclusion of application process.)

Full Name: _____
Address: _____ State _____ Zip _____
Child's full name: _____ Age: _____ Date of birth: _____
Total number in Family: _____
Phone: _____ Email address: _____

Have you applied for assistance from Hear 2 Help within the past five years? Yes or No
Do you qualify for Medicaid or have insurance benefits (in part or full) that cover hearing aids? Yes or No
Have you applied for any other grants or financial assistance? Yes or No
If yes please explain: _____

To be completed by Audiologist:

Hearing Loss Information:
Referring Audiologist/Clinic information: Name _____
Address: _____ Phone: _____
Type of hearing loss: (circle) Conductive Sensorineural Mixed
Unilateral or Bilateral
Degree of hearing loss: _____
Hearing Aid recommended and price:

Warranty period: _____
Battery size: _____ Price per carton for batteries: _____
Ear mold cost: _____

I certify that I'm a liscensed dispensing Audiologist.

Date: _____
Audiologist Signature

The information supplied on this application to the best of my knowledge is accurate and complete.
All income sources are included.

Date: _____
Parent or Guardian Signature