



## Hear 2 help Assistance Application

www.hear2helpkc.org

### **Child's Information**

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ City & State of Residence: \_\_\_\_\_, \_\_\_\_\_

### **Parent or Guardian's Information**

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

### **For the next few questions, please circle YES or NO**

Has the child received assistance from Hear 2 help within the past five years?

YES NO *If YES, please explain:* \_\_\_\_\_

Do you qualify for Medicaid or have insurance benefits (in part or full) that cover hearing aids?

YES NO *If YES, please explain:* \_\_\_\_\_

Not covered, self-pay?

YES NO *If YES, please explain:* \_\_\_\_\_

Have you applied for any other grants or financial assistance?

YES NO *If YES, please explain:* \_\_\_\_\_

### **To be Completed by the Audiologist - Hearing Loss & Hearing Aid Information**

Referring Audiologist/Clinic Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Type & Degree of Hearing Loss: \_\_\_\_\_ (*circle*) Unilateral or Bilateral

Hearing Aid Recommended: \_\_\_\_\_

Hearing Aid Price: \_\_\_\_\_ Anticipated Discount (if applicable): \_\_\_\_\_

Ear Mold Cost: \_\_\_\_\_ Estimated Balance: \_\_\_\_\_ Warranty Period: \_\_\_\_\_

(*If Battery-Powered*)

Battery Size: \_\_\_\_\_ Price per Carton for Batteries: \_\_\_\_\_ Date of Fitting: \_\_\_/\_\_\_/\_\_\_

I certify that I am a licensed dispensing Audiologist and the information supplied on this application is accurate.

*Audiologist Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

### **Submit application, invoice, and/or purchase agreement to:**

Terri@Hear2helpkc.org or mail to Hear 2 help PO Box 23055, Overland Park, KS 66283

**IMPORTANT INFORMATION:** Hear 2 help provides up to \$1,000 per ear in assistance. The assistance pays off invoice and/or purchase agreement directly to the provider's clinic on behalf of the child. Invoice and/or purchase agreement should be submitted to the above information on or before the date of fitting for timely payment of assistance. H2h financial assistance relies completely on donations from the generosity of others. If you would like to acknowledge your assistance by writing a thank you note, please send it to:

Hear 2 help Attn.: Gratitude Coordinator, PO Box 23055, Overland Park, KS 66283