

Albuquerque **Speech Language Hearing** Center

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HEARING AID BANK APPLICATION

The *Albuquerque Speech, Language, and Hearing Center's* Hearing Aid Bank (HAB) program is designed to assist people with limited resources obtain new digital, quality hearing aids. This is done by supplementing the cost associated with the dispensing of new hearing aids. The program is made possible in part, by funding from grants we receive throughout the year and United Way of New Mexico. Thus, funding for this program can be limited from year to year.

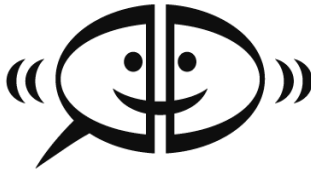
To be eligible for the HAB program, you must be a legal resident of New Mexico. Please complete all of the application and mail or return it to the Center. Upon its return, the completed application will be reviewed and the applicant will be informed as to whether or not they have qualified for the program. **Incomplete applications will NOT be considered.** Since qualification is done on a sliding scale, discounts for qualified individuals will vary from individual to individual. Everything depends on what best meets your hearing needs as well as your financial status.

PLEASE NOTE: Payment is due at the time of your appointment. *Prices are subject to change.*

A current audiogram is required in order to be fitted with hearing aids. If you have not had a recent hearing evaluation (within the last 6 months), one can be performed at the Center by one of our audiologists. The cost of evaluation may be billed to your insurance company or paid by the client if no coverage is available.

*In order to be considered, the application **MUST** be complete and be accompanied by the following:*

LIST STARTS ON NEXT PAGE



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- ◆ **Copies of your last two bank account statements.**
- ◆ **The following forms of documentation to verify monthly/annual income:** recent tax return, W2, 1099/1099R, and Social Security Income form, if applicable.
- ◆ If the applicant is not required to file a tax return, he/she must sign the “**Exemption From Filing Form**” at the end of this application.
- ◆ If the head of household is listed as someone other than the applicant, that individual’s wages must be listed. If the applicant is being claimed as a dependent by an adult, offspring, or other person, that individual’s wages must also be listed.

Applicants should be aware that if they have full Medicaid coverage, they may be eligible to receive one new hearing aid through Medicaid at no charge. Individuals who are working or are pursuing employment may qualify to receive hearing aids through the NM Division of Vocational Rehabilitation (DVR) www.DVRgetjobs.com. Further information regarding either of these coverage options may be obtained from the Center.

We hope our program meets your needs. Please return the application at your convenience, and we ask for your patience while your application is being reviewed. You will be informed of the decision no matter the outcome.

If you do not qualify for the HAB program, other reasonably priced hearing aids may be purchased at the Center.

If you have any questions regarding the application, please call 247-4224 or if you wish to fax it to the Center our fax number is 247-1772. Thank you!



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Hearing Aid Bank Application

IMPORTANT: Please submit with all required documentation

Name of Client: _____

Date of Birth: _____ Age: _____ Sex: F M Social Security # _____

Parents/Guardians (if under 21): _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Name of Closest Relative or Friend _____

Address _____

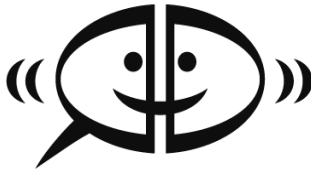
_____ Phone _____

Health Insurance Coverage, if any, including Medicare or Medicaid (please include member ID

#s) _____

To ensure that applications are completed in a timely manner, all lines must be completed and submitted with the required documentation. Once submitted, any application that has not been completed within thirty days of submission will be disposed of and will require a new application.

Required documentation, if applicable: most recent tax return, most recent bank statements, pay stubs/unemployment benefit stubs from the last thirty days, most recent pension and/or Social Security check stub, most recent proof of public assistance, and proof of any real estate income.



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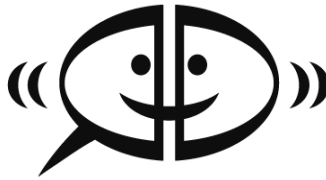
Total number of people in household: _____ Adults: _____ Children: _____

INCOME	<u>Head of Household</u> <u>#1</u>	<u>Household Member</u> <u>#2</u>	<u>Household Member</u> <u>#3</u>
Income from Employment			
Income from Unemployment			
Income from Rental or Sale of Property			
Income from Pension			
Income from Social Security			
Income from Public Assistance			
Other Income			
Total Income			

Scholarship % _____ Approved on _____

X _____
Client/ Responsible Party Signature Date Submitted

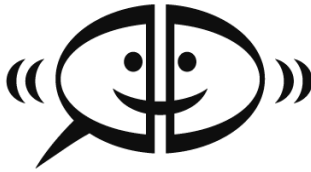
Director of Department Date Submitted



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Please explain everyday situations that are challenging to you because of hearing loss, for example, do you feel that the hearing problem causes you difficulty when talking to friends, relatives, neighbors or co-workers? Do you feel that difficulty with your hearing limits or hinders your family, social, or working life? Are you having trouble hearing the television, radio, or on the telephone? Please tell us about these daily challenges, and explain how your life would be enhanced by our services on this page. You may use the front and back of this page and attach any additional pages if needed.



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Exemption from requirement to file a tax return with the IRS:

I attest that due do to _____

I am not required to file a U.S. IRS tax return:

Applicants Name: _____

Signature of Responsible Party

Date