





APPLICATION CHECKLIST

REQUIRED DOCUMENTS

Please remember applications will be processed in order of completion only after all required documentation has been received. This application will not be processed without the following documentation.

ithout the following documentation.
☐ Completed Application: All sections of the application must be completed, including participating audiologist signature.
☐ <u>Medical Clearance</u> : Clearance form for hearing aids completed and dated within 6 months of application date signed by an M.D. or D.O
Audiogram: Must be dated within 6 months of application date.
Proof of Age/School Enrollment: Birth Certificate for children not yet in kindergarten or IEP, report card from current school year, or letter from school stating enrollment for school age children.
☐ <u>Income Documentation</u> :Three consecutive pay stubs for all working adults in the household. If self-employed, most recent tax return will be accepted.

COST PARTICIPATION

Match your household's annual gross income with family size to find your level of cost participation per hearing aid.

<u>Example</u>: We have five people living in our home and the annual gross income of adults in the household is \$65,000. Based on the sliding fee scale, we expect to pay \$200 per hearing aid.

Annual Gross								Siz	e of Fam	ily		
Income		1	2	3	4	5	6	7	8	9	10	
\$0	-	\$12,490	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
\$12,491	-	\$22,941	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
\$22,942	-	\$33,392	\$200	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
\$33,393	-	\$43,843	\$300	\$200	\$100	\$100	\$100	\$100	\$100	\$100	\$100	\$100
\$43,844	-	\$54,294	\$400	\$300	\$200	\$100	\$100	\$100	\$100	\$100	\$100	\$100
\$54,295	-	\$64,745	\$500	\$400	\$300	\$200	\$100	\$100	\$100	\$100	\$100	\$100
\$64,746	-	\$75,196	\$500	\$500	\$400	\$300	\$200	\$100	\$100	\$100	\$100	\$100
\$75,197	-	\$85,647	\$500	\$500	\$500	\$400	\$300	\$200	\$100	\$100	\$100	\$100
\$85,648	-	\$96,098	\$500	\$500	\$500	\$500	\$400	\$300	\$200	\$100	\$100	\$100
\$96,099	-	\$106,549	\$500	\$500	\$500	\$500	\$500	\$400	\$300	\$200	\$100	\$100
\$106,550	-	\$117,000	\$500	\$500	\$500	\$500	\$500	\$500	\$400	\$300	\$200	\$100
\$117,001	-	\$127,451	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$400	\$300	\$200
\$127,452	-	\$137,902	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$400	\$300
\$137,903	-	\$148,353	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$400
\$148,354	-	\$158,804	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
\$158,805	-	\$169,255	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
\$169,256	-	\$179,706	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500
\$179,707	-	\$190,157	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500	\$500







APPLICATION REVISED 7.1.19

PATIENT INFORMATION	Today's Date
Name	DOB Gender Ethnicity
Address	
Parent/Guardian Name	Phone Number
COST PARTICIPATION STATEMENT	
	and our total gross income for all adults in the household scale, we expect to pay \$ per hearing aid.
HEARING HISTORY Age of Identification	DEVICE & COMMUNICATION
Newborn Hearing Screening: □ Pass □ Fail □ U	Jnknown Does the child currently have hearing aids? □Yes □ No
Degree of Hearing Loss Type of Hearing	
L R L R □ None	Current Status: ☐ Working ☐ Broken ☐ Lost
□ □ Mild □ □ Sensorineural	Other
□ □ Moderate □ □ Conductive □ □ Severe □ □ Mixed	What is the family's chosen mode of communication? ☐ Spoken Language ☐ Sign Language
□ □ Profound □ □ Auditory Neuro	
SCHOOL INFORMATION Grade	PROVIDER INFORMATION
School Name	Last Audiologist Seen
School District	Phone Number
Student has a(n): □IEP □504 Plan □Neith	her Participates in the HAAPI Program? 🗆 Yes 🗆 No
School accommodations and services received	
☐ Extended Time ☐ FM System ☐ Preferential	-
Other:	Phone Number
HEARING AID REQUEST	
	Inilateral (1) Hearing Aid Silateral (2) Hearing Aids
-	d pediatric care kit. Bone anchored hearing aids include softband
Requested make, model, power level & batter	•
Right	•
J -	



PROGRAM INFORMATION Have you received hearing aids through HAAPI in the lif yes, when did your child receive hearing aids through *Please return original devices received to HAAPI administration of the life in	ugh HAAPI?
	ministrators when hew devices are ha
REFERRAL INFORMATION How did you hear about this program? ☐ Flyer ☐ Online Search ☐ Audiologist ☐ Speech The ☐ Other (Please Describe):	erapist School Teacher of the Deaf
REQUIRED DOCUMENTS Please remember applications will be processed required documentation has been received. This without the following documentation.	
☐ Medical clearance for hearing aids dated with by a Medical Doctor (M.D.) or Doctor of Osteo	• • • • • • • • • • • • • • • • • • • •
☐ Audiogram completed and dated within 6 mo	nths of application date.
☐ Birth certificate for children not yet in kinderg for school age children.	arten or proof of school enrollment
☐ Three consecutive pay stubs for all working a most recent tax return will be accepted.	dults in the household. If self-employed,
 I affirm that all the information in this application is trunderstand that all information here will be shared with I understand that HAAPI administrative staff will discussisted on this application and that this release does not any other persons or entities without my written consen I understand that HAAPI only covers approved hear aid appointments will be billed to my insurance. I understand that audiologists will NOT bill me for head deductible. 	the Indiana State Department of Health. ss my application with the audiologists permit the disclosure of these records to t or as permitted by law. Is, earmolds, and fitting fee. Any follow up
Parent/Legal Guardian Signature • I affirm that I have investigated other possible sources	Date of funding for this patient.
Participating Audiologist Signature	Date

Email, scan, fax, or mail this application and supporting documents to: info@HAAPindiana.org Hear Indiana ATTN: HAAPI Fax: 888-887-0932

4740 Kingsway Dr., Ste. 33 Indianapolis, IN 46205

Questions? Call 317-828-0211