

Community Hearing Aid Program, Inc.
Instructions for obtaining a new Earmold

Thank you for applying for hearing assistance through the Community Hearing Aid Program, Inc. This program provides over 400 hearing aids to low-income, hearing impaired persons every year by utilizing the pro bono services of over 85 hearing health care providers in Arizona. CHAP uses both new and refurbished In-The-Ear and Behind-The-Ear hearing aids. The hearing aids range in technology from analog to high end digital hearing aids. If approved, the highly experienced CHAP provider will determine the most suitable hearing aid for your hearing loss and lifestyle.

This program is designed for those who do not have any other resource to help them. CHAP is a program of last resort. Other options for assistance include family support, insurance, Vocational Rehabilitation, Child Rehabilitation Services, school district and the Veterans Administration. This is not an annual benefit. Applicants must wait 3 years before applying for new hearing aids after previously being fit through CHAP, Inc. CHAP will pay for all authorized repairs to hearing aids issued through the organization. In the event that a hearing aid is no longer repairable, a new application and application fee must be made to obtain a replacement hearing aid. One package of hearing aid batteries will accompany the hearing aid, however additional batteries are the responsibility of the wearer. CHAP is an Arizona based charity and hearing aids are only provided to approved applicants who legally reside in Arizona and fit within the income and audiological restrictions.

In order to process your application, please be sure to include:

- 1) Completed & Signed application
- 2) Application Fee of \$35.00 for one ear mold, \$70 for two earmolds (check, cash or Money Order accepted). The application fee is not considered payment for the earmold or for the services provided. Therefore, it may be tax deductible and is non-refundable. A receipt for the application fee will be mailed to you along with your eligibility determination.

Incomplete applications will not be reviewed and will be returned to you. This will delay the process of obtaining services significantly and a re-processing fee of \$10 will be assessed to your application! Do not submit the application without all the information attached and the \$35.00 per earmold application fee.

Mail all information and application fee to:
Community Hearing Aid Program, Inc.
3434 West Anthem Way, Suite 118 #486
Anthem, Arizona 85086

Application for a new earmold

Applicant Name: _____ Age: _____

Social Security Number: _____ Family Size: _____

Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____

If you do not have a phone, or do not speak English; please list another person whom we may contact who will be able to assist you during the application process:

Name: _____

Phone Number: _____

Health Insurance: _____

Does your health insurance have any hearing aid benefits? YES / NO If so, what is the benefit?

Have you received a hearing aid from the CHAP, Inc. in the past? YES / NO

Do you now have, or have you ever had a hearing aid? YES / NO

Please explain your need for new amplification _____

If you currently wear a hearing aid, please indicate the number of hours per day you wear the hearing aid: _____

Financial Information

Gross HOUSEHOLD / FAMILY Income

(If applicant is a minor, list parent's income)

Amount per month: _____ Source: _____

Amount per month: _____ Source: _____

Total monthly income : _____

Expenses

Expenses Monthly Rent/Mortgage: _____

Estimated monthly Utilities: _____

Monthly "Out of Pocket" medical expenses: _____

Other Expenses: _____

Total monthly expenses: _____

Please list any other factors that we should consider when determining your eligibility for CHAP assistance (use an additional page if necessary): _____

By signing below, you affirm that the information contained within this application is current and complete. You also understand that if you qualify to receive a hearing aid through CHAP, the hearing aid remains the property of CHAP and all authorized repairs will be paid for by CHAP. You are entitled to keep the hearing aid as long as you are using it on a daily basis and your financial situation or residency in Arizona has not changed since submitting this application. If a change of address, hearing aid usage or a change in income occurs, please notify CHAP immediately. Additionally, I grant permission to the Community Hearing Aid Program, Inc. to release all medical records pertaining to my hearing disorders to the assigned CHAP hearing aid provider for the purposes of hearing aid selection and fitting.

Applicant Signature: _____ **Date:** _____

CHAP, Inc. reserves the right to verify any information contained within this application