

HearU Nebraska/Nebraska Children's Hearing Aid Bank
APPLICATION FORM

Audiologists: please complete parts A & B and send with audiogram
Have Parent/Legal Guardian complete parts C & D and mail or fax to:

HearU Nebraska
University of Nebraska-Lincoln
Barkley Memorial Speech, Hearing & Balance Clinic
Room 204
Lincoln, NE 68583-0731
Phone: (402) 472-0043 Fax: (402) 472-3814

Program Director: Stacie Ray, Au.D. (402) 472-2075

The information contained on this form will be kept confidential.

PART A – To be completed by the referring audiologist

Referring Audiologist Information

Audiologist's Name: _____

NE Audiology License #: _____ Phone Number: _____

Email Address: _____

Practice Name: _____

Mailing Address: _____

Child's Information

Name: _____ Date of Birth: _____

PART B – To be completed by the referring audiologist

In order for this request to be processed, please confirm that the following have been completed:

- _____ Audiometric testing (please send copy of test results)
- _____ Medical clearance
- _____ Signed parent agreement form (Part C of this document)

Universal Newborn Hearing Screening results? Pass _____ Refer _____

What is the configuration (if known) and degree of hearing loss?

Is this a binaural or monaural fitting? _____

Please indicate using the list below the **make, model, power level and color** of hearing aid that you would recommend for this child, numbering preferences 1-3. If requesting a RIC product, please also include the **receiver length and strength**. While we cannot guarantee the exact make and model, please be assured that every attempt will be made to match your request.

- 1. _____
- 2. _____
- 3. _____

Every attempt will be made to send the hearing aid(s) to the requesting audiologist within 7 days of receiving the application and required documentation. The hearing aid will be selected and sent by the Hearing Aid Loaner Bank based on the information received.

Audiologist Signature

Date

The intent of both the Nebraska Children's Hearing Aid Bank & HearU Nebraska is to provide hearing aids and/or audiological services for children who otherwise would not be able to afford these services. We ask that you only apply for this program if the needed hearing aids and/or audiological services are not fully covered by another source and would produce an undue financial hardship for your family.

Parent/Legal Guardian: please complete parts C & D of this application and mail or fax to:

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PART C – To be completed by parent/legal guardian

Parent/Legal Guardian's Name: _____

Mailing Address: _____ Residential Address: _____

Phone Number: _____ Alternate Phone: _____

Email Address: _____

1. Please provide a brief statement indicating the reason assistance from the loaner bank is requested. (Please describe why you cannot provide immediate access to hearing aids for your child)

2. Do you currently have insurance coverage to secure permanent hearing aids for your child? If yes, have you contacted your insurance company to apply for hearing aids? Please indicate the insurance company name, and the status of your contact.

3. Do you know if you are currently eligible for Medicaid, Kid's Connection or the Medically Handicapped Children's Program? Yes _____ No _____

If yes, have you contacted Medicaid/Kid's Connection/Medically Handicapped Children's Program to approve payment for the hearing aids?

4. Income Information

A. Household Monthly Income:

- \$ _____ Full or Part-Time employment
\$ _____ Social Security (SSI, SSDI)
\$ _____ Welfare Benefits (ADS, Unemployment, Medicaid)
\$ _____ Alimony, Child Support
\$ _____ Veteran's Benefits
\$ _____ Other _____

B. Number of Dependents _____ - Please list ages: _____

C. Any Other Holdings (over \$2000, not including 401K):

- Current amount in savings: \$ _____
Certificate of Deposit: \$ _____
Stocks/Bonds/Other: \$ _____

D. Expense Information

- \$ _____ Rent/House Payment per month
\$ _____ Utilities (gas, water, electric) per month
\$ _____ Daycare per month
\$ _____ Outstanding Medical Expenses – *Please Explain:*

E. Please feel free to list any other information you feel would be helpful to understand your financial situation and to make a better decision about your eligibility.

F. Have you applied for any other financial assistance? If so, with who and what was the outcome?

I certify that the above information is accurate:

Signature of Parent/Legal Guardian

Date

PART D – To be completed by the parent/legal guardian

HEARING AID AGREEMENT

_____ I agree that my child will receive (a) loaned hearing aid(s) from HearU Nebraska/Nebraska Children’s Hearing Aid Bank

_____ I agree to provide a brief statement indicating the reason assistance is requested.

_____ I agree that it is my responsibility to maintain and care for the hearing aid(s) and that I will be responsible for any loss or damage not covered by the hearing aid warranty.

_____ I agree that if for any reason my child no longer uses the hearing aids, or qualifies for benefits that provide hearing aids through insurance, I will return the loaned hearing aid(s) to my child’s audiologist, to be returned to the loaner bank.

_____ I agree to release my child’s hearing loss information to the Nebraska Children’s Hearing Aid Loaner Bank, Nebraska’s Early Hearing Detection and Intervention Program, Early Development Network and my local Regional Program.

Please provide the following demographic information for your child (check all that applies):

_____ Male
_____ Female

Origin:

Spanish/Hispanic/Latina(o)

_____ Mexican
_____ Puerto Rican
_____ Cuban
_____ Other (specify) _____

Race:

_____ White	_____ Japanese
_____ Black or African American	_____ Korean
_____ American Indian/Alaska Native (specify)	_____ Vietnamese
_____ Asian Indian	_____ Other Asian (specify)
_____ Chinese	_____ Native Hawaiiin
_____ Filipino	_____ Guananian or Chamorro
_____ Other Pacific Island (specify)	_____ Samoan
_____ Other (specify) _____	

Parent/Legal Guardian Signature

Date