Center for Deaf and Hard of Hearing Education

haapi hearing aid assistance program of indiana
administered by hear INDIANA

Indiana Department of Health

APPLICATION CHECKLIST

REVISED 7.1.21

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.

- ☐ **Completed Application**: All sections of the application must be completed, including participating audiologist signature.
- ☐ **Medical Clearance**: 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 School Enrollment**: Birth Certificate for children now yet in kindergarten or IEP, report card from current school year, or letter from school stating enrollment for school age chidlren.
- ☐ **Income Documentation**: 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.

Example: 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 Income			Size of Family											
			1	2	3	4	5	6	7	8	9	10	11	12	13
$0	-	$13,590	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100
$13,591	-	$24,041	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100
$24,042	-	$34,492	$200	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100
$34,493	-	$44,943	$300	$200	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100
$44,944	-	$55,394	$400	$300	$200	$100	$100	$100	$100	$100	$100	$100	$100	$100	$100
$55,395	-	$65,845	$500	$400	$300	$200	$100	$100	$100	$100	$100	$100	$100	$100	$100
$65,846	-	$76,296	$500	$500	$400	$300	$200	$100	$100	$100	$100	$100	$100	$100	$100
$76,297	-	$86,747	$500	$500	$500	$400	$300	$200	$100	$100	$100	$100	$100	$100	$100
$86,748	-	$97,198	$500	$500	$500	$500	$400	$300	$200	$100	$100	$100	$100	$100	$100
$97,199	-	$107,649	$500	$500	$500	$500	$500	$400	$300	$200	$100	$100	$100	$100	$100
$107,650	-	$118,100	$500	$500	$500	$500	$500	$500	$400	$300	$200	$100	$100	$100	$100
$118,101	-	$128,551	$500	$500	$500	$500	$500	$500	$500	$400	$300	$200	$100	$100	$100
$128,552	-	$139,002	$500	$500	$500	$500	$500	$500	$500	$500	$400	$300	$200	$100	$100
$139,003	-	$149,453	$500	$500	$500	$500	$500	$500	$500	$500	$500	$400	$300	$200	$100
$149,454	-	$159,904	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$400	$300	$200
$159,905	-	$170,355	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$400	$300
$170,356	-	$180,806	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$400
$180,807	-	$191,257	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500	$500

Center for Deaf and Hard of Hearing Education

haapi hearing aid assistance program of indiana
administered by hear INDIANA

Indiana Department of Health

APPLICATION

REVISED 7.1.22

PATIENT INFORMATION

Child's Age _____

Name _____ DOB _____ Gender _____ Ethnicity _____

Address _____

Parent/Guardian Name _____ Phone Number _____

Email Address _____

COST PARTICIPATION STATEMENT

We have #_____ people in our home and and our total gross income for all adults in the household is $_____. Based on the sliding fee scale, we expect to pay $_____ per hearing aid.

HEARING HISTORY

Age of Identification _____

Newborn Hearing Screening: ☐ Pass ☐ Fail ☐ Unknown

Degree of Hearing Loss

L	R	
☐	☐	None
☐	☐	Mild
☐	☐	Moderate
☐	☐	Severe
☐	☐	Profound

Type of Hearing Loss

L	R	
☐	☐	None
☐	☐	Sensorineural
☐	☐	Conductive
☐	☐	Mixed
☐	☐	Auditory Neuropathy

DEVICE & COMMUNICATION

Does the child currently have hearing aids? ☐ Yes ☐ No

Age of hearing aids in years: ☐ 0-3 ☐ 4-6 ☐ 7+

Current Status: ☐ Working ☐ Broken ☐ Lost

☐ Other _____

What is the family's chosen mode of communication?

☐ Spoken Language ☐ Sign Language

☐ Total Communication ☐ Cued Speech

SCHOOL INFORMATION

Grade _____

School Name _____

School District _____

Student has a(n): ☐ IEP ☐ 504 Plan ☐ Neither

School accommodations and services received:

☐ Extended Time ☐ FM System ☐ Preferential Seating

Other: _____

PROVIDER INFORMATION

Last Audiologist Seen _____

Phone Number _____

Participates in the HAAPI Program? ☐ Yes ☐ No

If No, who is your HAAPI Participating Audiologist?

Name _____

Phone Number _____

HEARING AID REQUEST

☐ Unilateral (1) Hearing Aid

☐ Bilateral (2) Hearing Aids

Traditional hearing aids include earmold and pediatric care kit. Bone anchored hearing aids include softband.

Requested make, model, power level & battery size

Right _____ Left _____

Reason for requesting this make/model _____

_____

haapi hearing aid assistance program of indiana

PROGRAM INFORMATION

Have you received hearing aids through HAAPI in the past? ☐ Yes ☐ No

If yes, when did your child receive hearing aids through HAAPI? _____

*Please return original devices received to HAAPI administrators when new devices are fit.

REFERRAL INFORMATION

How did you hear about this program?

☐ Flyer ☐ Online Search ☐ Audiologist ☐ Speech Therapist ☐ School ☐ Teacher of the Deaf

☐ Other (Please Describe): _____

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.

- ☐ Medical clearance for hearing aids dated within 6 months of application date signed by an M.D. or D.O..
- ☐ Audiogram completed and dated within 6 months of application date.
- ☐ Birth certificate for children not yet in kindergarten or proof of school enrollment for school age children.
- ☐ Three consecutive pay stubs for all working adults in the household. If self-employed, most recent tax return will be accepted.

• I affirm that all the information in this application is true to the best of my knowledge. I understand that all information here will be shared with the Indiana Department of Health.
• I understand that HAAPI administrative staff will discuss my application with the audiologists listed on this application and that this release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.
• I understand that audiologists will NOT bill me for hearing aids, fitting fees, or my insurance deductible.

Parent/Legal Guardian Signature **Date**

• I affirm that I have investigated other possible sources of funding for this patient.

Participating Audiologist Signature **Date**

Email, scan, fax, or mail this application and supporting documents to:

Hear Indiana
ATTN: HAAPI
4740 Kingsway Dr., Ste. 33
Indianapolis, IN 46205

info@HAAPindiana.org
Fax: 888-887-0932
Questions? Call 317-828-0211