

## Ohio Hearing Aid Assistance Program

### Family Application Form

#### Child's Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex:  Male  Female

If your child is under the age of 3 is your child receiving services from an early intervention program (Help Me Grow, Regional Infant Hearing Program, speech therapy)? Yes  No   
If no, may we refer your name to the program? Yes  No

---

#### Parent/Guardian Information

Parent Name(s): \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_  
County of Residence: \_\_\_\_\_ Email address: \_\_\_\_\_

---

#### Income

Your Audiologist/Hearing Aid Dealer and Fitter must verify income and utilize sliding scale fee for audiological services. **You must submit documentation of your family income. Your application cannot be processed without these documents.**

Please check that income verification has been attached to family application form:

Most recent copy of tax return (Most recent federal or state tax form 1040/1040A/1040EZ)

---

Upon approval of this application, I agree to the following:

To authorize the submission of my child's application, which includes a medical diagnosis and other information, to the Ohio Department of Health, Ohio Hearing Aid Assistance Program for services outlined within this application.

To make the copayment, if any, to the Audiologist/Hearing Aid Dealer and Fitter.

To allow a referral for my child to an early intervention program, only if referral was selected.

I affirm that the information provided is complete and correct to the best of my knowledge.

I understand that the above-referenced information will not be released to any other entity without an additional written release authorization from me or other person having legal authority to provide such release or as required by law.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form and proof of family income to your child's Audiologist/Hearing Aid Dealer and Fitter.**

The Ohio Hearing Aid Assistance Program will provide funding for hearing aids as long as the funds for the program are available.