

SHARP

Sertoma Hearing Aid Recycling Program

APPLICATION FOR HEARING AID FOR CHILDREN AGES BIRTH TO 18 YEARS

PARENT OR GUARDIAN OF CHILD MUST:

1. Complete the application form.
2. Be willing to document financial need with tax returns, check stubs, etc. if asked.
3. Attach audiogram no older than 6 months. (Applicant has to have a hearing loss of at least 30 db in the better ear.)
4. Return completed application:

SHARP
c/o TSHA
8740 E 11th St, Suite A
Tulsa, OK 74112

(Application may take 4-8 weeks to process.)

DATE OF APPLICATION _____

NAME OF CHILD _____

AGE OF CHILD _____ SEX OF CHILD _____

NAME OF CHILD'S EAR DOCTOR (IF ANY) _____

NAME(S) OF PARENT(S) OR PERSON(S) RESPONSIBLE FOR CHILD _____

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER WHERE PARENT(S) OR GUARDIAN MAY BE REACHED _____

E-MAIL ADDRESS, IF ANY _____

HOW MANY PERSONS RESIDE IN YOUR HOUSEHOLD? ADULTS _____ CHILDREN _____

HOW MANY PERSONS RESIDING IN YOUR HOUSEHOLD ARE EMPLOYED? _____

LIST EMPLOYER(S) OF ALL HOUSEHOLD MEMBERS _____

ARE YOU WILLING TO PROVIDE DETAILED DOCUMENTATION OF FINANCIAL RECORDS IF REQUESTED?

YES _____ NO _____

DOES CHILD NOW HAVE A HEARING AID? YES _____ NO _____

IF YES, WILL YOU DONATE IT TO SHARP? YES _____ NO _____

DOES YOUR CHILD NEED ONE OR TWO HEARING AIDS? _____

WOULD YOU PREFER THAT YOUR CHILD RECEIVE A RECYCLED HEARING AID OR THAT \$200 BE PAID TO YOUR AUDIOLOGIST TOWARD THE PURCHASE OF A NEW AID? IF YOU ARE PURCHASING 2 NEW AIDS THEN \$400 WOULD BE PAID TO THE AUDIOLOGIST. Recycled aid / New aid (please circle one)

(COMPLETE BOTH SIDES OF FORM)

LIST ALL AGENCIES YOU HAVE CONTACTED FOR ASSISTANCE TO PURCHASE A HEARING AID (SOONER CARE, OTHER INSURANCE, ETC). WHAT KIND OF HELP WERE YOU OFFERED FROM EACH AGENCY YOU CONTACTED?

1. _____
2. _____
3. _____
4. _____

DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT? YES _____ NO _____ AMOUNT \$ _____
ARE YOU RECEIVING ANY TYPE OF ASSISTANCE OR FOOD STAMPS? YES _____ NO _____

TOTAL HOUSEHOLD FINANCIAL INFORMATION

INCOME	MONTHLY AMOUNT
1. Social Security	_____
2. SSI	_____
3. Pensions/ Retirement	_____
4. Employment	_____
5. Assistance from Family Members	_____
6. Other (please list)	_____

Total Monthly Income _____

EXPENDITURES	MONTHLY PAYMENT
1. Housing (mortgage or rent)	_____
2. Utilities	_____
3. Car Payment/Transportation	_____
4. Food	_____
5. Child Care	_____
6. Telephone	_____
7. Clothing	_____
8. Entertainment	_____
9. Insurance	_____
10. Doctor/Dentist/Etc	_____
11. Other (please itemize)	_____

Total Monthly Expenditures _____

I do hereby certify and swear that the above information is true and that the financial information represents my true financial condition.

Signature _____

Signature _____

Date _____

Date _____