

# CHAP

## Children's Hearing Aid Project

### PROCEDURE TO APPLY FOR A HEARING AID

1. **Make an appointment with an audiologist to receive a thorough hearing evaluation.** The audiologist will let you know if your child needs hearing aids.
2. **If you are unable to afford the cost of hearing aids, check the accompanying resource list and see if any of the resources are available to you.**
3. **If no other option is available to you, complete the CHAP application** and attach a copy of your child's hearing test.\* Also attach copies of denials you may have received from other programs, especially the denial from your insurance company. *The hearing test can be no older than 6 months.*
4. **If an applicant is approved,** a letter will be sent with the co-pay amount required, as well as the name and number of a participating CHAP audiologist. The co-pay will be no less than \$100 for one ear and \$150 for two. A copy of the letter will also be sent to the audiologist. **The family must then call that audiologist and schedule an appointment for an ear mold impression.**
5. **The audiologist will call the child in when the hearing aid(s) is/are ready for fitting.**
6. **Return to the audiologist for follow-up visits as needed.** This is very important for maximum benefit from the hearing aid. The audiologist will work with each client to adjust and fine-tune the aid to be sure it is performing at its best and is as comfortable as possible.
7. **Return the aid to CHAP if it is no longer being used.** The program will be sure that someone else will benefit from the aid.

***\* If the application is not fully completed, or if it is missing any part, the application process will be delayed, so please do not leave anything blank.\****

# Children's Hearing Aid Resources

Here are some steps parents can take when trying to find hearing aid assistance for their children. They can start by looking to their own private insurance and then go down the list.

- 1.) **Personal Insurance** – Oklahoma law requires many group health insurance or health benefit plans to provide coverage for audiological services and hearing aids for children up to 18 years of age. There are some insurance companies, however, that do not fall under the jurisdiction of this law.  
*<http://www.lsb.state.ok.us/> Select "Oklahoma Statutes & Constitution", then enter 36-6060.7 in "Search Oklahoma Statutes."*
- 2.) **Medicaid/SoonerCare** – Contact the Oklahoma Health Care Authority to determine eligibility for services between 8:30-4:30, Monday thru Friday.  
*1-800-522-0310      <http://www.ohca.state.ok.us/>*
- 3.) **Department of Rehabilitation Services (Children's Hearing Aid Program)** – Provides two hearing aids per qualified child. This resource is only available if the child is unable to obtain hearing aids through Medicaid or private insurance.  
Information and/or application available at the Oklahoma School for the Deaf Student Assessment Center.    *(580) 622-4938 or 1-866-309-1717*
- 4.) **Hearts for Hearing Organization** – Funding available for **initial** set of hearing aids.  
Child must have significant bilateral hearing loss & be committed to a spoken language communication option.  
Eligibility requirements: *(405) 548-4300 or visit website at <http://www.heartsforhearing.org/Websites/hfh/Images/PDF/Criteria.pdf>*
- 5.) **CHAP (Children's Hearing Aid Project)** – This is a brand - new program established for families in the Tulsa area whose income is too high for Medicaid, but who still need help. Hearing aids will be provided on a sliding scale basis for children 0 – 18. Contact: [dhiggins@tsha.cc](mailto:dhiggins@tsha.cc), or (918) 832-8742.
- 6.) **Easter Seals** - (405) 239-2525 (Helen Hood). Call to see what help might be possible.
- 7.) **SHARP** – Assists low-income children who do not qualify for other programs by offering one behind-the-ear, recycled hearing aid per child.  
*SHARP c/o TSHA - (918) 832-8742.*
- 8.) **ABLE Tech low interest loans** – Low interest loans that provide individuals the opportunity to borrow money for the purchase of needed assistive technology, including hearing aids for all ages.    *1-888-885-5588*  
*<http://okabletech.okstate.edu> – visit the "Financing Activities" link.*

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# CHAP

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APPLICATION FOR HEARING AIDS FOR CHILDREN

AGES BIRTH TO 18 YEARS

PARENT OR GUARDIAN OF CHILD MUST:

1. Complete the application form.
2. Document financial need with copy of most recent tax return
3. Attach recent audiogram (No older than 6 months. Applicant has to have a hearing loss of at least 20 db in one ear.)
4. Medical clearance from ENT (Ear, Nose & Throat doctor); or primary care physician
5. EOB (Explanation Of Benefits) from your insurance company, showing non-coverage
6. Child must be a legal resident of the U.S.
7. Return completed application to:

CHAP  
c/o TSHA  
8740 E 11<sup>th</sup> St, Suite A  
Tulsa, OK 74112

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

*Failure to attach all documentation, and failure to fill out all blanks will delay the application process.*

DATE OF APPLICATION \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

AGE OF CHILD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX (Circle one) M / F

NAME OF CHILD'S EAR NOSE & THROAT DOCTOR (IF ANY) \_\_\_\_\_

NAME OF CHILD'S PRIMARY CARE PHYSICIAN \_\_\_\_\_

NAME(S) OF PARENT(S) OR GUARDIAN(S) RESPONSIBLE FOR CHILD \_\_\_\_\_

RESIDENCE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # WHERE PARENT(S) OR GUARDIAN MAY BE REACHED \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOW MANY PERSONS RESIDE IN YOUR HOUSEHOLD? ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

LIST EMPLOYER(S) OF ALL HOUSEHOLD MEMBERS \_\_\_\_\_

DOES CHILD NOW HAVE A HEARING AID? YES \_\_\_\_\_ NO \_\_\_\_\_ AGE OF AID(S) \_\_\_\_\_

IF YES, WILL YOU DONATE IT TO CHAP IF IT IS NO LONGER NEEDED? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES YOUR CHILD NEED ONE OR TWO HEARING AIDS? \_\_\_\_\_

(COMPLETE BOTH SIDES OF FORM)

**LIST ALL PLACES YOU HAVE CONTACTED FOR HEARING AID ASSISTANCE (SOONER CARE, OTHER INSURANCE, ETC – SEE ATTACHED LIST). WHAT KIND OF HELP WERE YOU OFFERED FROM EACH AGENCY YOU CONTACTED?**

1.	_____	_____	_____
	Agency Name	Result	Date
2.	_____	_____	_____
	Agency Name	Result	Date
3.	_____	_____	_____
	Agency Name	Result	Date
4.	_____	_____	_____
	Agency Name	Result	Date

I understand that I will be responsible for a co-pay based on a sliding scale, and that the hearing aid(s) will not be fit until after the co-pay is received.

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 \_\_\_\_\_

Please select an audiologist from the attached list. My choice of audiologist is: \_\_\_\_\_

Color preference for the hearing aid is: (circle one)

*Clear      Beige      Pink      Silver      Royal blue      Purple      Brown*

**For Office Use Only**  
(date & initial)

Received by TSHA: \_\_\_\_\_ Sent to Approving Aud: \_\_\_\_\_ Audio Approval: \_\_\_\_\_

Ltr w Co-pay: \_\_\_\_\_ Co-pay Rec'd \_\_\_\_\_ Final Approval to Dispensing & Fitting Audiologists \_\_\_\_\_

