PROCEDURE TO APPLY FOR A HEARING AID

1. **Make an appointment with an audiologist to receive a thorough hearing evaluation.** A list of participating SHARP audiologists has been enclosed. Many audiologists can file with Medicare to cover a portion of the testing cost.

2. **Complete the SHARP application and attach a copy of your hearing test.** The hearing test can be no older than 6 months. The applicant has to have a hearing loss of at least 30 db in the better ear to qualify.

3. **Include a copy of financial documentation.** A copy of your most recent tax return, bank statement, latest pay-check stub, social security check or retirement pension check. Also include copies of any income in stocks, savings, CDs, etc.

4. **There is a one-time $50 processing fee.** This helps stretch the civic club funds as far as possible.

5. **Wait for notice of approval by the SHARP Board. The Board meets once a month.** Currently the meetings are held on the first Thursday of each month. All applications received during the previous month will be considered at that time.

   **If an applicant is denied** for any reason the $50 fee will be refunded. Each applicant is considered individually. If someone feels they have been wrongly denied, the Board invites the applicant to submit additional information to give a clearer picture of financial status. The application will be reconsidered at the next meeting.

   **If an applicant is approved,** the $50 fee will be deposited, and an approval letter will be sent with the name and number of a participating SHARP audiologist. **The applicant must then call that audiologist and schedule an appointment for an ear mold impression.**

6. **Return to the audiologist for fitting of one behind-the-ear recycled hearing aid.** When the aid is ready, **the audiologist will call the applicant in for fitting.**

7. **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.

8. **Return the aid to SHARP 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 (audiogram, fee, financial documentation) then the application process will be delayed.*
Print and complete this form. Mail it to:
SHARP
 c/o TSHA
8740 E. 11th St., Suite A
Tulsa, OK 74112
(918) 832-8742 / Fax (918) 834-4329
(application takes approximately 4-8 weeks to process)

Application Date: ________________

Personal Information:

Name: ___________________________________________ Age: ______

(Circle one) Male/Female    (Circle one) Single | Married | Divorced | Widowed

Address: __________________________________________

City: __________________________ State: ______ Zip Code: ______

Day phone: __________________________ Email: __________________________

Are you a legal resident of the United States?  Yes/ No

Does applicant reside in a nursing facility? Yes/No   (If yes, nursing home form required.)

Total number of people residing in household including applicant: ______________

Number and ages of family members dependent on applicant: ______________

Contact Information:

Contact Person: (required information) ______________________________

Relationship: spouse / child / other ___________ Day Phone: ______________

Address: __________________________________________________________

City: __________________________ State: ______ Zip Code: ______

OFFICE USE ONLY: do not write in this space.

Date Received: ________________

Check Received: Yes/No  Check Number: ______

Date Processed: ________________

Status: Approved  Declined  Need More Info

Comments:
Medical Information:

Name of Audiologist/ENT doctor: ____________________________________________

Address: ___________________________________________________________________

Phone: (___)_____________City: ______________State: ______ Zip Code: ________

Employment information:

Company Name: _________________________________ Phone: _________________

Address: ___________________________________________________________________

City: ________________ State: ______ Zip Code: ____________

Financial Information:

Include a copy of financial documentation: a copy of your most recent tax return, bank statement, latest paycheck stub, social security check or retirement pension check. Also include copies of any income in stocks, savings, CDs, etc.

Do you currently have:
A hearing aid? Yes/No  If yes, would you be willing to donate it to SHARP? Yes/No

Checking Account? Yes/No  Amount: $________

Savings Account? Yes/No  Amount: $________

Do you receive food stamps? Yes/No  Do you receive housing assistance? Yes/No

Income: (Be sure to include ALL sources of income for ALL members of the household.)

<table>
<thead>
<tr>
<th>Monthly Amount</th>
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</thead>
<tbody>
<tr>
<td>1. Social Security</td>
</tr>
<tr>
<td>2. SSI</td>
</tr>
<tr>
<td>3. Pensions/ Retirement</td>
</tr>
<tr>
<td>4. Employment</td>
</tr>
<tr>
<td>5. Receive assistance from family</td>
</tr>
<tr>
<td>6. Other (please list)</td>
</tr>
</tbody>
</table>

Total Monthly Income: __________
**Expenditures:** (based on monthly amounts)

<table>
<thead>
<tr>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________</td>
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1. Housing (rent/mortgage)
   Do you rent / own / live with others? (Circle one)
   __________________

2. Utilities
   __________________

3. Car payments/transportation
   __________________

4. Food
   __________________

5. Telephone
   __________________

6. Insurance (all kinds, car, medical, etc.)
   __________________

7. Doctor/medical
   __________________

8. Other (please list/itemize)
   __________________

**Total Monthly Expenses:**

   __________________

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

Signature: __________________________________________________________

Date: __________________________

**HAVE YOU INCLUDED:**

- [ ] A copy of your hearing test that is no older than 6 months? *(Applicant has to have a hearing loss of at least 30 db in the better ear.)*
- [ ] Your $50 fee?
- [ ] Copy of your most recent tax return, bank statement, latest pay-check stub, social security check or retirement pension check. Also include copies of any income in stocks, savings, CDs, etc.

*If the application is not fully completed, or if it is missing any part (audiogram, fee, financial documentation) then the application process will be delayed.*
SHARP Nursing Home Questionnaire

Dear applicant,

Since you are currently living in a nursing home we will need a caregiver from the nursing home and/or family member to answer the following questions and mail back to the SHARP program along with your application.

1. Is the recipient clear minded enough to benefit from the aid? ____________________________

2. Will the hearing aid improve the recipient’s quality of life? ____________________________

3. Because there is a high rate of loss in nursing homes, the SHARP board would like to know what type of plan is in place to take care of the hearing aid.
   _________________________________
   ____________________________________________________________________________

4. Any additional comments?
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

   Signature of person filling out form: ____________________________
   Relationship or title: ____________________________________________
   Phone number: __________________

If you have any questions, please feel free to call Carma at TSHA, Inc. at 918-832-8742 (tty/v).

SHARP
C/o TSHA
8740 E. 11th St.
Tulsa, OK 74112
SHARP Audiologist List

Tulsa Area

**Audiology Associates**
1793 E. 71st St.
Tulsa, OK 74136
Ph: 918-495-1650
Fax: 918-492-3277

**Ranch Acres Audiology**
3227 E. 31st St., Ste. 102
Tulsa, OK 74105
Ph: 918-749-7711
Fax: 918- 749-7172

**Audiology Consultants of Tulsa**
1145 S. Utica, Ste. 302
Tulsa, OK 74104
Ph: 918-592-3737
Fax: 918-592-3337

**The Scholl Center for Communication Disorders**
4415 S. Harvard Avenue, Ste. 125
Tulsa, OK 74135
Ph: 918- 508-7601
Fax: 918-508-7603

**Audiology Doctors of Tulsa**
7614 E 91st St., Ste. 160
Tulsa, OK 74133
Ph: 918-493-3133
Fax: 918- 493-2322

**Tulsa Otolaryngology**
1725 E. 19th St., Ste. 100
Tulsa, OK 74104
Ph: 918-742-7376
Fax: 918-743-2117
SHARP Audiologist List

Outside of the Tulsa Area

**Advanced Hearing Care**  
121 SE Adams Blvd.  
Bartlesville, OK 74006  
Ph: 918-333-9992

**A.M. Campbell**  
Midwest City (Fri.)  
2801 Parklawn Dr. Ste. 408  
Midwest City, OK 73110  
Ph: 405-732-0600  
Ada (Mon. & Wed.)  
3101 Arlington, Ste. A  
Ada, OK 74820  
Ph: 405-732-0600  
Fax: 580-436-1159  
Duncan (Thurs.)  
1206 N. Hwy 81  
Duncan, OK 73533  
Ph: 580-252-9005  
Fax: 580-252-9092

**Audiology & Hearing Aids**  
3312 W. Okmulgee Ave.  
Muskogee, OK 74401  
Ph: 918-682-1515

**Area Hearing & Speech Clinic**  
2024 Maiden Lane  
Joplin, MO 64804  
Ph: 417-781-6477

**Cooper Clinic**  
6801 Rogers Ave.  
Ft. Smith, AR 72901  
Ph: 479-274-3900

**Craig General Hospital**  
735 N. Foreman  
Vinita, OK 74301  
Ph: 918-786-5544

**Family Hearing Services**  
(Mailing) PO Box 6597  
(Physical) 716 S. Main  
Grove, OK 74344  
Ph: 918-786-5544

**Hearing Health Care**  
3954 N. Kickapoo Ave.  
Shawnee, OK 74801  
Ph: 405-273-6203

**Hearing Healthcare**  
2508 Edgemont Dr.  
Arkansas City, KS 67005  
Ph: 620-442-0395

**Hedges Regional Speech & Hearing Center**  
2615 E Randolph  
Enid, OK 73701  
Ph: 580-234-3734

**Jackson County Memorial Hospital**  
1200 E. Pecan  
Altus, OK 73521  
Ph: 580-536-6122  
Fax: 580-536-6141

**Mayes County Audiology**  
201 S. Adair, Ste. A  
Pryor, OK 74361  
Ph: 918-825-9599

**Mike Ward’s Audiology**  
305 S. Main  
McAlester, OK 74501  
Ph: 918-426-4742

**OSU Speech-Language Clinic**  
042 Murray Hall  
Stillwater, OK 74078  
Ph: 405-744-6021

**Physicians Building**  
301 Second Ave. SW  
Suite 102  
Miami, OK 74354  
Ph: 918-540-7676

**Professional Hearing Clinic**  
205 SE Howard  
Bartlesville, OK 74006  
Ph: 918-333-1972

**Stillwater Hearing Clinic**  
116 W. 8th St.  
Stillwater, OK 74074  
Ph: 405-624-8605

**Western Oklahoma Hearing**  
1745 N Washington  
Weatherford, OK 73096  
Ph: 580-774-2333
Are you facing a hearing loss?

Do you feel “out of the loop”? Isolated?

We have the group designed with you in mind!

Come to THH and meet others in the same situation. Learn about the latest technology available in hearing aids and equipment.

Listen to motivational speakers and chat with others who have walked in your shoes.

Many factors such as noise exposure, injury, medication, disease and heredity may contribute to hearing loss.

Tulsa Hearing Helpers is a support group for individuals dealing with hearing loss later in life. They meet the second Thursday of each month from 10:00 a.m. until 11:30 a.m. at 8740 E. 11th Street (TSHA’s conference room).

Meetings involve learning more from the experts about the latest technology, sharing experiences with each other, and discussing the newest information on dealing with hearing loss. Please come and see what this group can offer you. While THH is targeted to people experiencing hearing loss later in life, ALL are welcome. Family and friends are especially encouraged to attend.

We have real-time captioning projected onto the wall for easy reading to assist those who cannot hear the speaker.

For more information on Tulsa Hearing Helpers contact Diana at TSHA (918-832-8742) or dhiggins@tsha.cc, or Kaye at 918-296-5559.