



**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. Return completed application to:

CHAP
c/o TSHA
8740 E 11th 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 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 NUMBER 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 _____

Provider List

(Providers are always being added. If you are working with an audiologist not listed here, we would be happy to see if they would like to be included.)

Audiology Doctors of Tulsa, PLLC

7633 East 63rd Place, Suite 300
Tulsa, OK 74133
(918) 459-4593

Eastern Oklahoma Ear Nose & Throat

5020 E 68th St Tulsa, OK 74136
Ph: 918-491-3362
Fax: 918-494-8915

Health Dept Child Guidance Center

315 S. Utica
Tulsa, OK 74104
Ph: 594-4720
Fax: 594-4713

OUHSC

Keys Speech and Hearing Center
1200 N. Stonewall Ave
OKC, OK 73117
405-271-4214
Christi-Barbee@ouhsc.edu

The Scholl Center for Communication Disorders

6802 S. Olympia Ave, Suite 275
Tulsa OK 74132
Ph: 918-508-7601
Fax: 918-508-7603
www.theschollcenter.com

3/23/11

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.
www.oklegislature.gov
- 2.) **Medicaid/SoonerCare** – Contact the Oklahoma Health Care Authority to determine eligibility for services. *405-522-7300* *http://www.okhca.org*
- 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. *1-866-309-1717* *www.osd.k12.us/edp/chap*
- 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. For a list of eligibility requirements call or email. *(405) 548-4300*
http://www.heartsforhearing.org/Websites/hfh/Images/PDF/Criteria.pdf
- 5.) **CHAP (Children's Hearing Aid Project)** – This is a program established for families in Oklahoma whose income is too high for Medicaid, but who still need help (for example, the family's insurance does not cover hearing aids). Hearing aids will be provided on a sliding scale basis for children 0 – 18.
(918) 832-8742 *dhiggins@tsha.cc*
- 6.) **Easter Seals** - Assistance varies call for available support.
(405) 239-2525 - Helen Hood
- 7.) **SHARP** – Assists low-income children who do not qualify for other programs by offering one behind-the-ear, recycled hearing aid per child.
(918) 832-8742 *dhiggins@tsha.cc*
- 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* *www.ok.gov/abletech*

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