

HearU Nebraska

Application Form

Audiologists: please complete parts A & B and send with audiogram. Have parent/legal guardian complete parts C & D and mail or fax to:

HearU Nebraska
University of Nebraska-Lincoln
Barkley Memorial Speech Language and Hearing Clinic
Room 204
Lincoln, NE 68583-0731
Phone: (402) 472-0043 **Fax: (402) 472-0363**

Program Director: Stacie Ray, Au.D. (402) 472-2075

The information contained on this form will be kept confidential.

PART A – To be completed by the referring audiologist

Referring Audiologist Information

Audiologist's Name: _____

NE Audiology License #: _____ Phone Number: _____

Practice Name: _____

Mailing Address: _____

Child's Information

Name: _____ Date of Birth: _____

PART B

To be completed by the referring audiologist

In order for this request to be processed, please confirm that the following have been completed:

- _____ Audiometric testing within the last 6 months (please send copy of test results)
- _____ Medical clearance
- _____ Signed parent agreement form (Part C of this document)

Universal Newborn Hearing Screening results? Pass _____ Refer _____

Is this a binaural or monaural fitting? _____

Please indicate using the list below the **make, model, power level and color** of hearing aid that you would recommend for this child. While we cannot guarantee the exact make and model, please be assured that every attempt will be made to match your request.

Choice 1:

Manufacturer: _____

Model & Power Level: _____

Color: _____

If RIC, length and strength of receiver: _____

Choice 2:

Manufacturer: _____

Model & Power Level: _____

Color: _____

If RIC, length and strength of receiver: _____

Comments:

Every attempt will be made to send the hearing aid(s) to the requesting audiologist within 7 days of receiving the application and required documentation. However, this process may be delayed while insurance is verified. The hearing aid will be selected and sent by HearU Nebraska based on the information received.

Audiologist Signature

Date

The intent of HearU Nebraska is to provide hearing aids and/or audiological services for children who otherwise would not be able to afford these services. We ask that you only apply for this program if the needed hearing aids and/or audiological services are not fully covered by another source and would produce an undue financial hardship for your family.

Parent/Legal Guardian: please complete parts C & D of this application and mail or fax to:

HearU Nebraska
University of Nebraska-Lincoln
Barkley Speech Language and Hearing Clinic
Room 204
Lincoln, NE 68563-0731
Phone: (402) 472-0043 Fax: (402) 472-0363
Email: hearingaidbanks@unl.edu

The information contained on this form will be kept confidential.

PART C – To be completed by parent/legal guardian

Parent/Legal Guardian’s Name: _____

Audiologist’s name and clinic: _____

Child’s Name: _____ Date of Birth: _____

Street Address

City State Zip Code

Phone Number: _____ Alternate Phone: _____

Email Address: _____

1. Please provide a brief statement indicating the reason why you are applying for assistance from HearU Nebraska.

2. Name of Insurance Company: _____ Member ID: _____

Name of primary member: _____

Have you contacted your insurance company to see if they offer any hearing aid benefits?

Yes _____ No _____

If yes, please describe the benefits that are offered:

3. Do you know if you are currently eligible for:

Medicaid? Yes _____ No _____

Medically Handicapped Children's Program? Yes _____ No _____

Children's Health Insurance Program (CHIP)? Yes _____ No _____

If you have not contacted one of the three programs above and are unsure of your eligibility, please visit the website below for online applications and contact information:

Medicaid:

<http://dhhs.ne.gov/medicaid/Pages/Medicaid-Eligibility.aspx>

Medically Handicapped Children's Program:

http://dhhs.ne.gov/pages/hcs_programs_mhcop.aspx

Children's Health Insurance Program (CHIP):

http://dhhs.ne.gov/medicaid/Pages/med_CHIP.aspx

4. Have you applied for any other financial assistance for obtaining hearing aids?

If so, with who and what was the outcome?

5. Income Information

A. Household Monthly Income:

\$ _____ Employment
\$ _____ Social Security (SSI, SSDI)
\$ _____ Welfare Benefits (ADS, Unemployment, Medicaid)
\$ _____ Alimony, Child Support
\$ _____ Veteran's Benefits
\$ _____ Other _____

B. Number of Dependents _____

Ages: _____

C. Any Other Holdings (over \$2000, not including 401K):

Current amount in savings: \$ _____
Certificate of Deposit: \$ _____
Stocks/Bonds/Other: \$ _____

D. Please feel free to list any other information you feel would be helpful to understand your financial situation (such as monthly expenses, medical expenses, etc.) and to make a better decision about your eligibility.

I certify that the above information is accurate:

Signature of Parent/Legal Guardian

Date

PART D

HEARING AID AGREEMENT

_____ I agree that my child will receive (a) loaned hearing aid(s) from HearU Nebraska.

_____ I understand that HearU Nebraska's loan period is five years and that it is my responsibility to maintain and care for the hearing aid(s) while my child is using the loaner device(s).

_____ I understand that a typical hearing aid repair warranty is two years. During this time, repairs will be covered at no cost. Beyond the repair warranty, I am aware that I will be responsible for costs of repairs.

_____ I understand that a typical hearing aid loss and damage warranty is two years and comes with a one-time replacement per aid. If the device(s) is lost during the warranty period, I agree to pay \$150 per device. If the device is lost after the end of the warranty period, I understand that I may be asked to reapply, and HearU will make a determination regarding coverage for replacement device(s).

_____ I agree that my child will have use of this/these hearing aids(s) for the extent of the five-year loan period. I will complete a renewal or extension application if my child needs to use these hearing aids beyond the five-year loan period.

_____ I agree that if for any reason my child no longer uses the hearing aids, or qualifies for benefits that provide hearing aids through insurance, I will return the loaned hearing aid(s) to my child's audiologist, to be returned to HearU Nebraska.

_____ I agree to release my child's hearing loss information to the HearU Nebraska, Nebraska's Early Hearing Detection and Intervention Program, Early Development Network and my local Regional Program.

Please provide the following demographic information for your child (check all that apply):

_____ Male _____ Female

Origin: Spanish/Hispanic/Latina(o)

_____ Mexican

_____ Puerto Rican

_____ Cuban

_____ Other (specify): _____

Race:

_____ White

_____ Black or African American

_____ American Indian/Alaska

_____ Native Asian Indian

_____ Chinese

_____ Filipino

_____ Other Pacific Island (specify)

_____ Other (specify): _____

_____ Japanese

_____ Korean

_____ Vietnamese

_____ Other Asian (specify)

_____ Native Hawaiian

_____ Guamanian or Chamorro

_____ Samoan

Parent/Legal Guardian Signature

Date