

## **HEARING AID ASSISTANCE FUND**

### **PURPOSE:**

The Hearing Aid Assistance Fund (HAAF) is a fund established to help people living in Central and Northern Alberta. The fund endeavors to assist disadvantaged hard of hearing individuals by subsidizing funds available for purchasing new or repairing old hearing aids<sup>1 & 2</sup>.

### **CRITERIA:**

To be eligible applicants must meet specific requirements as follows:

- Applicants must have a hearing loss, which has been assessed by a qualified professional, indicating that a hearing aid would improve their ability to communicate.
- Applicants must be domiciled no further south of Red Deer by a line of latitude formed by township road 374 and is completed by the east, west and north borders of Alberta.
- You must prove financial need in order to receive assistance<sup>3</sup>.

### **SELECTION:**

You may qualify for assistance if your most recent income tax return is:

- Less than \$20,970 for a single person
- Less than \$33,240 for a family with no children, or
- Less than \$39,250 for a family with children

If you have a spouse/partner, their taxable income (line 260 from their tax return) must also be included. The Hearing Aid Assistance Fund Committee will make the final decision and selection regarding eligibility and disbursement of funds.

### **NOTE:**

If you have low income you may be entitled to assistance from Alberta Aids to Daily Living (AADL). AADL provides assistance for one hearing aid. Before submitting an application to the HAAF, please submit a request for assistance from AADL. Your hearing aid provider has the necessary forms and should assist you in making an application. Please provide evidence of the status of your application with AADL.

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<sup>1</sup> The purchase of new hearing aids or the repair of existing hearing aids will be considered for applicants. The repair and maintenance of new hearing aids obtained through this program is the responsibility of the owner.

<sup>2</sup> Applicants are eligible to reapply for subsidy for a second hearing aid after 5 years.

<sup>3</sup> The need for financial assistance is defined by the low-income cut-off levels established by the Canadian Council on Social Development ([www.ccsd.ca](http://www.ccsd.ca)) and is indicated by approval of funding through AADL.

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**APPLICATION**

**Personal Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ P.C. \_\_\_\_\_

Home ph: \_\_\_\_\_ Bus Ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Email : \_\_\_\_\_ Fax: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

I have enclosed written evidence of AADL funding approval.  Yes  No

I am eligible for subsidy through a private health care insurance plan.  Yes  No  
 (If yes, please provide evidence of the amount of subsidy.)

I have enclosed a copy of my most recent audiogram and recommendation from a qualified professional.  Yes  No

I have enclosed evidence of my total income/total family income for the last year.  Yes  No

I have enclosed a narrative describing my need for financial assistance to purchase a hearing aid and included details pertaining to work or educational situation with emphasis on why I believe a hearing aid would improve my situation.  Yes  No

I am willing and interested in becoming a member with CHHA-Ed and taking part in fundraising activities to demonstrate my good faith and appreciation for their contribution.  Yes  No

I hereby certify the information I have provided in this application is complete and correct. If it is later found that any information provided was materially false or misleading, CHHA - Ed retains the right to recover from the applicant all costs incurred as a result of the applicant's actions. I also give the selection committee permission to share my personal information with the Board of the Canadian Hard of Hearing Association – Edmonton Branch.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DECLARATION OF EFFORTS AND UNDERSTANDINGS

The cost of hearing aids recommended by my hearing professional is:

Right ear \$ \_\_\_\_\_

Left ear \$ \_\_\_\_\_

(Please include documentation from the Hearing Professional regarding their estimate.)

- I understand that the maximum I may receive from CHHA-Ed is \$1000.00
- I am requesting assistance in the amount of \$ \_\_\_\_\_.
- I have applied to Alberta Aids to Daily Living for \$ \_\_\_\_\_.
- I have applied to my Employment Insurance Program for \$ \_\_\_\_\_.
- I am a student and have applied to Student Finance for the disabled student grant in the amount of \$ \_\_\_\_\_.
- I have applied to \_\_\_\_\_  
for assistance in the amount of \$ \_\_\_\_\_.
- I am prepared to contribute from my savings in the amount of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

(Hearing Professional & Credentials)