



**CANADIAN  
HARD OF HEARING  
ASSOCIATION**  
EDMONTON BRANCH

#10, 12122-68 Street  
Edmonton, Alberta T5B 1R1  
Phone /Fax: (780) 428-6622

Email: [info@chha-ed.com](mailto:info@chha-ed.com)  
WEB: [chha-ed.com](http://chha-ed.com)

HEARING AID ASSISTANCE FUND

# HEARING ASSISTANCE FUND

Donated by

Canadian Hard of Hearing Association –  
**Edmonton Branch**

Made Possible in part by

*The Mildred Nelson Legacy Endowment*

Forward the completed application to:

**HEARING ASSISTANCE FUND**

**Attention: Jim Bissell**

**Suite 10, 12122 – 68 Street**

**Edmonton, Alberta, T5B 1R1**

## HEARING ASSISTANCE FUND

### PURPOSE:

The Hearing Assistance Fund (HAF) is a fund established to help adults living in Central and Northern Alberta. The fund endeavors to assist disadvantaged adults who are hard of hearing by subsidizing funds available for purchasing new, repairing old hearing aids, or providing gently used hearing aids; or for subsidizing CI replacements, additional technology, or assistive listening devices<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 the specified hearing technology would improve their ability to communicate.
- Applicants must be domiciled no further south of Red Deer indicated 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 by **providing a copy of Canadian Revenue Agency (CRA) - Notice of Assessment** displaying line 260 for the previous year) in order to receive assistance<sup>3</sup>.

### SELECTION:

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

- Less than \$27,000 for a single person
- Less than \$36,000 for a family with no children, or
- Less than \$42,000 for a family with children

If you have a spouse/partner, their taxable income (CRA's Notice of Assessment) **must also be included**. The Hearing 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 HTAF, 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. Ensure all sections of your application are complete. *Lack of documentation and incomplete HAAF application forms will not be considered.* If you are a student, you must determine if you are eligible for a Grant through the Student Finance Office, and provide evidence of non-eligibility before submitting application. Be aware that preference will be given to those who show interest in supporting the Canadian Hard of Hearing Association-Edmonton Branch. **CHHA-Ed reserves the right to request a second opinion for the choice of technology.**

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<sup>1</sup> 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.

**HEARING ASSISTANCE FUND APPLICATION**

**Personal Information Required (Please print legibly and mark all applicable boxes with an X)**

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 application & approval **for hearing aids or Cochlear Implant replacement devices.**  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 (Audiologist, Hearing Aid Practitioner, ENT). **(Required)**  Yes  No

I have enclosed evidence of my total income/total family income for the last year (i.e. federal tax documentation DISPLAYING LINE 260). **(Required)**  Yes  No

I have enclosed my personal narrative (explanation) 250 words or more, describing my need for the stated TECHNOLOGY and have included details pertaining to work or educational situation with emphasis on why I believe THIS TECHNOLOGY would improve my situation. **(Required)**  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. (Submit checklist page 5.)  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 application information with the CHHA-Ed's (Canadian Hard of Hearing Association – Edmonton Branch) board of directors.

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

**NOTE: Lack of documentation and incomplete HAAF application forms will not be considered.**



DECLARATION OF EFFORTS AND UNDERSTANDINGS

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

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

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

OTHER, specify \_\_\_\_\_ \$ \_\_\_\_\_

***(Documentation from the Hearing Professional regarding their estimate MUST BE INCLUDED.)***

- Yes  No      I understand that the maximum I may receive from CHHA-Ed is \$1000.00
- Yes  No      I am requesting assistance in the amount of \$ \_\_\_\_\_.
- Yes  No  N/A      I have applied to Alberta Aids to Daily Living for \$ \_\_\_\_\_.
- Yes  No  N/A      I have applied to my Employment Insurance Program for \$ \_\_\_\_\_.
- Yes  No  N/A      I am a student and have applied to Student Finance for the disabled student grant in the amount of \$ \_\_\_\_\_.
- Yes  No  N/A      I have applied to \_\_\_\_\_ for assistance in the amount of \$ \_\_\_\_\_.
- Yes  No      **I am prepared to contribute from my savings in the amount of \$ \_\_\_\_\_.**
- Yes  No      I am prepared to take part in fundraising or other supportive activities (see following page for options).

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

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

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

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

(Hearing Professional & Credentials)

The Hearing Assistance Fund exists because of the hard work of a few individuals. We encourage you to get involved in any way you can. This is a list of options to help you decide how you can participate in making the Canadian Hard of Hearing Association – Edmonton Branch a strong organization and continue the legacy of Mildred Nelson.

- Membership in CHHA-Ed
- Membership in CHHA – National
- Board Membership
- Committee Involvement
- Conference Planning
- Casino Volunteer
- Bottle Drives
- Marathons or Runs
- Event Planning
- Raffle ticket sales
- Event ticket sales
- Teaching or information sharing
- Program planning
- Youth Group Planning
- Computer & Internet Programming
- Awareness Activities
- Serving at Public Awareness Events / Information Booths
- General Fundraising Activities
- Volunteer at Golf Tournament
- Volunteer Guest Speaker
- Write an article for the newsletter
- Write a letter of appreciation to be read to sponsors at Golf Tournament
- Deliver Posters/information for upcoming events
- Office Assistance
- Other \_\_\_\_\_