



**CANADIAN HARD OF
HEARING ASSOCIATION**
EDMONTON BRANCH
"Let Your Voice Be Heard"

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HEARING AID ASSISTANCE FUND

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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-AID ASSISTANCE FUND
Attention: Susanne Martin
#10 - 12122 68 Street
Edmonton, Alberta, T5B 1R1

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^{1 & 2}.

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 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 (**provide CRA Notice of Assessment** for the previous year) in order to receive assistance³.

SELECTION:

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

- Less than \$25,000 for a single person
- Less than \$35,000 for a family with no children, or
- Less than \$40,000 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 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. 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.

¹ 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.

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

³ 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) and is indicated by approval of funding through AADL.

HEARING AID 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. 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 (i.e. federal tax documentation). Yes No

I have enclosed my personal narrative (explanation) 250 words or more, 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. (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: _____

DECLARATION OF EFFORTS AND UNDERSTANDINGS

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

Right ear \$ _____

Left ear \$ _____

(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 I have applied to Alberta Aids to Daily Living for \$ _____.
- Yes No I have applied to my Employment Insurance Program for \$ _____.
- Yes No I am a student and have applied to Student Finance for the disabled student grant in the amount of \$ _____.
- Yes No 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 Aid 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 _____