Dear Applicant,

Thank you for your application for hearing services and hearing aid assistance through Any Baby Can's Children's Hearing Aid Texas (CHAT) program. Our mission is to provide auditory services and hearing aids for central Texas infants and children with permanent hearing loss, who have no available financial alternatives.

To apply, please fill out and sign this application and attach copies of proof of income, as well as the other information requested below. A completed application must be signed and include the following:

- ☐ Completed application
- ☐ Signed release of information consent form
- ☐ Proof of income
- ☐ (If available) Report of Otological Examination signed by a physician
- ☐ (If available) A copy of an audiogram or an audiological report indicating the type and severity of the hearing loss.
- ☐ (Optional) Additional information regarding applicant's situation and need.

Upon receipt and review of a completed application, CHAT will determine if the applicant meets the eligibility requirements for our program. Once eligibility has been determined, CHAT will notify the referring audiologist by phone and/or by mail.

It is important to remember that any professional fee-based services provided without CHAT's prior consent will not be reimbursed. If a recommending audiologist is not a CHAT service provider, CHAT has the option to refer the child to a participating clinic.

Please mail completed applications to:

Any Baby Can: Children's Hearing Aid Texas (CHAT)
1121 East 7th Street/Austin, TX 78702
CHAT phone & fax (512) 828-0510
MonicaA@abcaus.org
www.abcaus.org

Children's Hearing Aid Texas (CHAT) Program Application

Date: _____ Who referred you to CHAT? _____

Phone number: _____

Applicant Information

Legal Name of Applicant: _____

Applicant's Date of Birth: _____ Gender: ☐ Male ☐ Female

Applicant's Race/Ethnicity: ☐ African American or Black ☐ Hispanic ☐ White ☐ Other ☐ Prefer not to answer

Applicant's Street Address: _____

City, State, Zip Code: _____

Does the applicant have insurance coverage? ☐ Yes ☐ No

If Yes, please indicate insurance company/program? _____

Does the applicant have current Medicaid coverage? ☐ Yes ☐ No

Has the applicant ever had Medicaid coverage? ☐ Yes ☐ No

If Yes, please indicate when the applicant had Medicaid coverage and for how long? _____

Why was Medicaid coverage terminated? _____

Does the applicant have an audiologist or otolaryngologist (ENT)? ☐ Yes ☐ No

If yes, please complete the following information:

Audiologist/ENT: _____

Address: _____

Phone number: _____

May we contact the audiologist? ☐ Yes ☐ No

What are the needs of the child at this time? (i.e. – new hearing aids, hearing evaluation, new earmolds, etc): _____

Parent/Guardian Information

Applicant's Father's Name: _____

Father's Street Address: _____

City, State, Zip Code: _____

Father's Phone Number: _____

Father's Email: _____

May we contact the father? ☐ Yes ☐ No

Contact preference: ☐ Phone ☐ Email

Does the father have insurance coverage? ☐ Yes ☐ No

If Yes, please indicate insurance company/program? _____

Applicant's Mother's Name: _____

Mother's Street Address: _____

City, State, Zip Code: _____

Mother's Phone Number: _____

Mother's Email: _____

May we contact the mother? ☐ Yes ☐ No

Contact preference: ☐ Phone ☐ Email

Does the mother have insurance coverage? ☐ Yes ☐ No

If Yes, please indicate insurance company/program? _____

Income Verification

Please indicate the Family's Annual Income: _____

(Attach W2 or monthly pay stub. If pay stub is not available, please have employer write a statement regarding pay, including contact information for the supervisor or employer)

How many dependents are living in the household with the applicant? _____

NOTE: Dependents are individuals living in the household who depend on the income stated above (i.e. – children, unemployed spouse, etc)

Audiological Information

Does the applicant currently wear hearing aids? ☐ Yes ☐ No

If so, how long has the applicant had the current hearing aids? _____

If the applicant does not wear hearing aids, how long has it been since the applicant has worn hearing aids? _____

Has the applicant had a cochlear implant? ☐ Yes ☐ No

Is the applicant currently attending school? ☐ Yes ☐ No

If so, please complete the following information:

School attending: _____

School district or city: _____

Grade: _____ Teacher: _____

Phone number: _____

May we contact the school/teacher/nurse? ☐ Yes ☐ No

As the parent/guardian/conservator/caregiver/social worker of the above named individual, I understand that I am completing an application to obtain a hearing aid(s) from CHAT for use only by the above named individual.

I understand that the information I provide concerning my annual income, family size, family resources, insurance, medical history and all financial information is subject to verification by CHAT.

I understand that if this application contains false or misleading information, CHAT has the option to forfeit the applicant's eligibility.

_____ _____

Parent/Responsible Party's Signature Date

CONSENT FOR ANY BABY CAN CHILDREN'S HEARING AID TEXAS (CHAT) PROGRAM TO RELEASE/REQUEST INFORMATION

Today's Date: _____

Name of Applicant: _____ Date of Birth: _____

TO WHOM IT MAY CONCERN:

I hereby authorize Any Baby Can Child & Family Resource Center's Children's Hearing Aid Texas (CHAT) Program to release/disclose OR request the following (check all that apply):

_____ Assessment information/Reports
_____ Hearing Screening/Evaluation Reports
_____ Medical Records
_____ Last physical exam
_____ On-going communication, verbal and written
_____ Other, please describe _____

To _____ for the purpose of _____

_____

Limitations: _____

_____

I am aware that this consent may be withdrawn at any time and, unless I request otherwise, will remain in effect for one year from the date below. I am also aware that I may refuse to sign this consent form. Please note that refusal to sign this consent form will result in a denial of services through Any Baby Can's Children's Hearing Aid Texas (CHAT) program.

_____ _____
Parent Signature/Guardian Date