

HEAR NOW Program





Dear Applicant,

Thank you for contacting Starkey Hearing Foundation's Hear Now program for hearing aid assistance. Our hope is to provide hearing aids to those permanently residing in the U.S. who meet the criteria and are approved for assistance. The Foundation program assists those **who lack the resources to acquire hearing aids**. Other options for assistance include: family support, insurance, state Medicaid program, vocational rehabilitation, school district, VA, church groups, state or local programs. **Please call the Hear Now office to check your eligibility.**

Assistance comes through manufacturer gifts, hearing healthcare providers in your area and donors across the U.S. The hearing healthcare provider is not reimbursed for his/her work with the Hear Now program. We deeply appreciate the time, effort and generosity they commit to Hear Now clients. We trust you will appreciate the dedication and commitment of these generous individuals.

If you have family support or **funds** available in money market accounts, mutual funds, 401(k) plans, IRAs, CDs (certificates of deposit), checking/savings accounts, stocks, bonds, T-bills or property, **this may not be the program for you**. Hear Now considers all possible funding sources when determining eligibility. Only those who fall within the program guidelines for income, assets and hearing loss will be considered for assistance. The current application processing fee is \$125 per hearing aid requested. If an application is denied, the processing fee will be returned.

The hearing healthcare provider will assist you in determining the number of hearing aids needed to help you hear better. Since there is a five-year timeline for reapplying for assistance, the number of hearing aids should be chosen carefully. Once the application is approved, the number of hearing aids cannot be changed. **Every applicant is asked to call Hear Now to discuss their eligibility for the program.** Please call 1-800-328-8602 (ask for Hear Now) to discuss this with a program representative.

The hearing aids provided by the program are high quality and new. All hearing aids come with warranty for repair only. Loss and damage coverage is not provided on the hearing aids through the program. This coverage can be purchased through the office with which the applicant is working. Ask the provider about warranty coverage options.

* The application processing fee will be returned if an application is denied.

** Application materials are viewed by Hear Now staff only.

*** When eligibility is determined, financial papers are shredded.

**** Names and addresses of applicants are never sold or shared with others.

INFORMATION TO CONSIDER BEFORE COMPLETING THE HEAR NOW APPLICATION

1. Income Guidelines: All income figures are NET. NET is the amount you actually receive in your check(s) regardless of source.

2017 Income Guidelines

PERSONS IN HOUSEHOLD	48 CONTIGUOUS STATES AND D.C. YEAR	48 CONTIGUOUS STATES AND D.C. MONTH	ALASKA YEAR	ALASKA MONTH	HAWAII YEAR	HAWAII MONTH
1	\$23,760	\$1,980	\$29,260	\$2,438	\$27,340	\$2,278
2	\$32,040	\$2,670	\$40,040	\$3,336	\$36,860	\$3,071
3	\$40,320	\$3,360	\$50,400	\$4,200	\$46,380	\$3,865
4	\$48,600	\$4,050	\$60,760	\$5,063	\$55,900	\$4,658
5	\$56,880	\$4,740	\$71,120	\$5,926	\$65,420	\$5,451
6	\$65,160	\$5,430	\$81,480	\$6,790	\$74,940	\$6,245
7	\$73,460	\$6,121	\$91,840	\$7,653	\$84,460	\$7,038
8	\$81,780	\$6,815	\$102,240	\$8,520	\$94,020	\$7,835
EACH ADD'L PERSON	\$4,160		\$4,780		\$4,780	

2. Application and Order Processing Fee: \$125 for one (1) hearing aid **OR** \$250 for two (2) hearing aids payable to Starkey Hearing Foundation.

3. In determining eligibility, Hear Now considers the following: funds available from all sources, assets and hearing loss.

- a. **Household Size** (household is defined as those living together or dependent on each other)
- b. **Net Monthly or Annual Income** from all in the household who have income.

Possible sources of income are:

- Social Security and SSI
- VA Pension
- Child Support
- Public Assistance
- Alimony
- Welfare
- AFDC
- Disability
- Work Pension
- Wages
- Old Age Pension
- Black Lung Payments
- Interest from Stocks, IRAs, 401(k)s

***If working, provide your most recent paystub with year-to-date earnings.**

- c. **Assets** (include, but not restricted to)

- Checking
- Money Market Accounts
- Annuities
- IRA/401(k)
- Reverse Mortgage
- Savings
- CDs
- Home Equity Loan
- Stocks/Bonds
- Burial Accounts
- Property

Hear Now reserves the right to change eligibility criteria without prior written notice.

HOW TO COMPLETE THE PROCESS

1 BEFORE YOU START

- Read the application completely and carefully.
- Call Hear Now (1-800-328-8602 — ask for Hear Now) to discuss eligibility requirement.

2 NEXT

- Find a hearing healthcare provider in your area who works with Hear Now.
(Call your local hearing aid office and ask if anyone in their practice works with Hear Now).
- Schedule a hearing test (send a copy with application — must be less than 9 months old).
- Have hearing provider (who works with Hear Now) complete pages 9 and 10 of the application.
- Send pages 9 and 10 with the application along with copy of audiogram.
- Complete pages 4, 5, 6 — with your required signature on page pages 6, 7, and 8 — where doctor signs the top as clearance, or applicant signs the bottom portion as waiver of clearance (either is acceptable).
- Provide proof of income for all in the household and from all sources.
- Provide copies of the most recent six bank statements (all accounts, for all household members, and all pages of each statement).
- Provide documentation for any item to which you responded “YES” on page 5.
- Purchase a money order or cashier’s check for the processing fee — **PERSONAL CHECKS ARE NOT ACCEPTED.**
\$125 for 1 hearing aid or \$250 for 2 hearing aids - Payable to Starkey Hearing Foundation.

3 ONE FINAL CHECK BEFORE YOU MAIL THE APPLICATION (Check off what you have done).

- 1. Called to check eligibility.
- 2. Completed hearing test.
- 3. Completed pages 4, 5, (answered EVERY question on page 5), 6 (signed bottom of page 6), signed and initialed page 8 as directed.
- 4. Had doctor sign top of page 7 or applicant sign the bottom of page 7.
- 5. Had provider complete pages 9 and 10.
- 6. Included a copy of the audiogram (hearing test — it is less than 9 months old).
- 7. Included proof of income for all in my household, from all sources. If working, include your most recent pay stub.
- 8. Included copies of bank statements (6 months, all pages, for all in my household).
- 9. Included verification of current holdings in CD, IRA, 401(k), Annuities, Stocks/Bonds — if anyone in household has any of these.
- 10. Purchased a money order or cashier’s check for processing fee.
\$125 for 1 hearing aid or \$250 for 2 hearing aids - Payable to Starkey Hearing Foundation. Indicate who purchased the money order or cashier check if other than the applicant.

When you have checked off all of the above, you are ready to mail your application to:

Hear Now Program
6700 Washington Ave S
Eden Prairie, MN 55344

The typical processing time for applications is 5 weeks.

GENERAL INFORMATION

(Please print clearly)

Date: _____ Email: _____

Applicant's Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ Social Security Number: _____ Male Female

Marital Status: Married Single Divorced Widowed Separated

Number in Household: _____ (Household is defined as all those living together or dependent on each other.)

Mailing Address:

Street: _____ Apt. #: _____

City: _____ County: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

If applicant is a minor, parent/guardian's name(s): _____

Person, if other than applicant, completing this form. If minor, list parent/guardian's information.

Name: _____ Relationship to Applicant: _____

Phone: _____ Email: _____

INCOME

If applicant is a minor, list parent/guardian's income information.

List all sources of income (i.e. salary, social security, alimony, child support, pension, stocks, bonds, etc.)
for all in the household.

Applicant:

A. Source of Income _____ \$ _____ Month or Year (Circle One)

B. Source of Income _____ \$ _____ Month or Year (Circle One)

Spouse/Other:

C. Source of Income _____ \$ _____ Month or Year (Circle One)

D. Source of Income _____ \$ _____ Month or Year (Circle One)

ADDITIONAL INFORMATION:

Applicant's Name: _____

MARK 1 BOX FOR EACH ITEM. (Unanswered questions will delay the process.)

Do you currently have:	Yes	No	
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide all pages of six (6) months of current bank statements
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide all pages of six (6) months of current bank statements
CD(s)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide most recent statement
Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide most recent statement
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide most recent statement
IRA/401k	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide most recent statement
Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide most recent statement
Burial Account	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide most recent statement
Are you a Medicaid recipient?	<input type="checkbox"/>	<input type="checkbox"/>	

Does your health insurance (or Medicare Supplement) offer a benefit for hearing aids?

Yes _____

If yes, how much is that benefit? _____

No

HOUSEHOLD INFORMATION:

Household is defined as all those who live together or are dependent on each other.

Number in Household: _____

List names of individuals in household.

Name

Age of Person

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Employment Status: Employed Other Retired

Name of Current Employer: _____

Phone: _____ How long have you been employed there? _____ (Years/Months)

RELEASE OF INFORMATION

I understand the information I submit to Hear Now concerning my annual income, family size, family resources, insurance, medical history and all financial information is subject to verification by Hear Now and/or their agents. This verification will be done by phone, letter, e-mail or credit check. **I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance at any point during the process.**

Applicant's Name: _____

Spouse's Name: _____

Date of Birth: _____

Date of Birth: _____

Applicant's Signature: _____

Spouse's Signature: _____

(If minor, parent/guardian signature required.)

If signed by power of attorney (POA), please send copy of POA. The laws of the state of Minnesota shall govern the resulting transaction and any claim or dispute arising out of such transaction.

ONE OF THE FOLLOWING MUST BE COMPLETED AND SUBMITTED WITH THE APPLICATION.

OPTION 1: MEDICAL CLEARANCE FOR HEARING AID USE

TO BE SIGNED BY APPLICANT'S MEDICAL DOCTOR

Date: _____

Applicant's Name (please print): _____

The applicant listed above has been medically examined and may be considered a candidate for hearing aid use.

Physician's Name (please print): _____

Physician's Signature: _____

EITHER OPTION CAN BE USED

OPTION 2: WAIVER OF MEDICAL CLEARANCE FOR HEARING AID USE

TO BE COMPLETED AND SIGNED BY THE APPLICANT

Date: _____

Applicant's Name (please print): _____

I understand that it is in my best interest and recommended by Hear Now and the Food and Drug Administration to receive a medical examination before acquisition of hearing aids. I choose not to receive a medical examination before acquiring hearing aids.

Applicant's Signature: _____



Dear Provider and Applicant:

The goal of Hear Now is to provide quality hearing aids and service to those who lack the resources to acquire hearing aids. As you (the applicant) engage in the Hear Now process a clear definition of the expectations and limitations is in your best interest. Please read this document and initial each item as an indication that you have read the expectations, understand them, agree with them and accept them. An application is incomplete until this document is completed.

_____ I understand the hearing aids recommended by my provider are appropriate for my hearing loss.

___ The style is _____. The color of the casing is _____

___ Once the hearing aids are sent, there can be no change to the style or color.

_____ I understand that the hearing aids come with a limited warranty

___ The hearing aids come with repair warranty only. There is no loss and damage coverage.

___ If I choose, I can extend the repair warranty and purchase Loss & Damage coverage through my provider's office. If I do not purchase this coverage, and the hearing aids are lost or damaged, they will not be replaced by Hear Now.

___ I am not able to reapply to the program for five (5) years.

_____ I understand that the responsibility of caring for my new aids is mine.

___ I am responsible for purchasing the batteries used to keep my hearing aids working

___ If the aids are not functioning well, I need to contact my hearing healthcare provider in a timely manner.

_____ I understand that the provider working with me is committed to providing service for fitting and follow-up without charge for the first year of warranty.

_____ I understand that I will be responsible for some expenses connected to my new hearing aids

___ Purchase of batteries

___ Replacement cost of receivers when using RIC style aids

___ Repairs for out of warranty aids

___ Purchase of extended warranty coverage for repair

___ Purchase of Loss & Damage Coverage

___ Additional earmolds are purchased at my expense

Applicant's Signature: _____

Date: _____

Practitioner's Signature: _____

Date: _____

PRACTITIONER COMPLETES PAGES 9 AND 10.

IF YOU ARE A NEW PROVIDER, CALL HEAR NOW FOR INFORMATION ON HOW THE PROCESS WORKS.

Name of Applicant: _____ Date of Birth: _____

PLEASE COMPLETE THIS SECTION FOR EACH CLIENT

Each requested item serves a purpose. The Foundation uses this information to notify the patient and the practitioner when Hear Now approves the application and ships hearing aids and earmolds.

Ship to Account # (Account # address should match address below): _____

Name of Professional: _____ Gender (Circle One): F M (provider)

Name of Practice: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

E-mail Address: _____

State Licensure/Registration #: _____

ASHA #: _____ F-AAA #: _____ HIS #: _____ BC-HIS #: _____

As a Hear Now provider, I understand and agree to the following:

1. I will not charge a hearing aid fitting fee to Hear Now approved client(s). I may charge the customary hearing evaluation/assessment fees.
2. I will provide follow-up services during the first year of warranty coverage. After the first year of warranty expires, any charges related to repairs/services will be the client(s) responsibility.
3. I will submit results of audiologic testing and other information requested on the hearing health care provider form as needed to determine audiologic eligibility, prognosis for improvement, and make/model of instrument(s) recommended for applicants.
4. I will follow state/federal guidelines relative to obtaining medical clearance/waiver prior to fitting Hear Now clients with hearing instrument(s).
5. **If you are unable to work with the stipulations of the program, please ask the patient to find a different provider.**

I attest to the fact that I am licensed/registered in my state to dispense hearing aids. I agree to work with Hear Now under the above stated stipulations.

Provider Signature: _____ Date: _____

TO BE COMPLETED BY PRACTITIONER FITTING THE HEARING AIDS

Patient Name: _____ Date of Birth: _____

SHIP TO Account #: _____

**Custom hearing aids are not available through Hear Now.
All available hearing aids are Z Series 110 wireless technology.**

BTE OPTIONS


Number of aids: 1 2
If fitting only one ear: Left Right

Which power:	Mini	Standard	Power +
Gain	65	65	80
Battery	312	13	13

Earmolds 0 1 2

Color Choice: (Circle one)

Black Slate Sterling Espresso Bronze Champagne



RIC OPTIONS

Number of aids: 1 2
If fitting only one ear: Left Right

Volume Control	Micro RIC	Standard RIC
	Push Button	Rocker Switch
Battery	312	312

Receiver Options:

Standard (uses buds or RIC Molds) 50 60


Embedded in AP Molds 50 60 70

Receiver Length: 1 2 3 4 5

Earmolds 0 1 2

Color Choice: (Circle one)

Black Slate Sterling Espresso Bronze Champagne



Software **Cables** **Boots**

Thin Tubing: Indicate Length _____ **Left** **Right**

Ear Buds: **Small** _____ **Medium** _____ **Large** _____

Open _____ **Occluded** _____ **Color** _____

Swatch Chip

Fitting Tool

User Manual in Spanish

Earmolds should be ordered on Hear Now order forms ONLY

If you need CROS, BiCROS, Tinnitus, Body or Bone Conduction aids, call **1-800-328-8602 Ext 2358**



Starkey Hearing Foundation
Hear Now Program
6700 Washington Avenue South
Eden Prairie, MN 55344

p: 800.328.8602

f: 952.947.4997

E-mail: hearnow@starkeyfoundation.org

www.starkeyhearingfoundation.org