

UW Hearing Aid Assistance Program (HAAP) Application Form

DESCRIPTION OF SERVICES/APPLICATION REQUIREMENTS

The UW HAAP assists adults with a qualified low income to obtain appropriate hearing healthcare. **The UW HAAP requires that a patient have current Medicaid/WA Apple Health coverage as the criteria for eligibility for this program.** Patients are fit with refurbished behind-the-ear hearing aids which have been donated to the UW HAAP.

To apply, please complete and provide:

1. UW HAAP Application Form (see attached)
2. Copy of Proof of current Medicaid/WA Apple Health coverage
3. Copy of your most recent hearing test
4. Release of Information Form (see attached)

Mail the above items to the address below:

UW Hearing Aid Assistance Program
UW Speech and Hearing Clinic
4131 15th Ave NE
Seattle, WA 98105

You will be contacted by our clinic to let you know if you qualify for the HAAP.

If you are approved, you will be:

- contacted by us to schedule a consultation at the UW Speech and Hearing Clinic
- OR, asked to follow up with your referring Audiologist if they are providing your audiology care.

Note: Please include the name of your audiologist and sign the release of information form when submitting your application packet

Anticipated Costs to You	
If your Hearing Aid will be obtained through the UW Speech and Hearing Clinic:	If your Hearing Aid will be obtained through your referring Audiologist
<ul style="list-style-type: none"> • Application fee of \$100 per hearing aid to be paid at the time of the initial consultation 	<ul style="list-style-type: none"> • Application fee paid to the UW Speech and Hearing Clinic of \$100 per hearing aid
<ul style="list-style-type: none"> • Hearing aid copayments at the time of the fitting appointment will be due: \$150 monaural or \$200 binaural hearing aid, and \$75 per earmold if applicable 	<ul style="list-style-type: none"> • Consult your audiologist for applicable fitting and earmold fees in their clinic

Questions regarding the UW HAAP should be directed to the UW HAAP office at 206-685-4267. The office is staffed part-time. Therefore, if you do not reach a staff member please leave a detailed message and your call will be returned as soon as possible.

UW HEARING AID ASSISTANCE PROGRAM (HAAP) APPLICATION FORM

Last Name		First Name			
Street Address		City, State, Zip			
Primary Phone		Secondary Phone			
Email Address		<i>Please put a * by your preferred method of contact: Phone, email, mail.</i>			
Date of Birth:		Age		Male	Female
Referred by:		Will you be seen at another clinic for hearing aids? If yes, where?			
Do you need an interpreter?		If yes, which language:			
<i>Hearing History: Date and location of your last hearing evaluation; please send a copy of your audiogram with this application.</i>					
Date:		Location:			
If you have obtained medical clearance for amplification, indicate physician name/date					
Physician:		Date of evaluation:			
Do you have Medicaid/WA Apple Health Coverage?				No	Yes
<i>Please submit a copy of the front and back of your medical card. This information is essential to verify your coverage.</i>					

I understand that the UW HAAP will use this information solely for the determination of HAAP eligibility. I agree that the information submitted above is true and accurate.

Signature

Date