

ALTERNATIVE FUNDING SOURCES

audiologist initiation required

SOURCE	NOTES	APPLICATION INFORMATION
<p>Building Blocks Foundation 7740 Cove View Mason, OH 45040 513.607.4280 <i>contact: Dynette Clark</i> http://www.iohnmclark.com/BldgBlks/Application.htm</p>	<p>Financial assistance associated with surgery or a specific procedure or treatment, such as cochlear implants</p>	<p>Parents complete application</p>
<p>First Hand Foundation 2800 Rockcreek Parkway Kansas City, MO 64117 <i>contact: Mary Nelson</i> http://www.cerner.com/firsthand/FirstHand_1a.aspx?id=18175</p>	<p>Funding criteria Financial assistance for treatment, equipment, and displacement expenses</p>	<p>Parents complete application</p>
<p>Hear Now The Starkey Foundation 3700 Washington Ave South Eden Prarie, MN 55344 800.648.4327 http://www.sotheworldmayhear.org/PDFs/hearnow_application.pdf</p>	<p>Funding source for HA & CI patients Income guidelines - must be eligible for service</p>	<p>Parents complete application (audiologist section)</p>
<p>Advocates for Deaf Education Ohio Valley Chapter 2047 Berkshire Club Dr. Cincinnati, OH 45230 513.232.5544 <i>attn: Financial Application Request</i></p>	<p>Financial award granted twice yearly (March and September) Educational scholarships Funding for assistive listening devices and deaf education</p>	<p>see audiologist for application</p>
<p>Oticon 29 Schoolhouse Rd. PO Box 6724 Sommerset, NJ 08875 800.526.3921</p>	<p>Will provide "DEMOS" for Hematology/Oncology patients</p>	<p>Contact Jen with patient who qualifies</p>

ALTERNATIVE FUNDING SOURCES

for patients and families

**If you do not have internet access for online applications, please contact your audiologist for assistance*

SOURCE	NOTES	APPLICATION INFORMATION
AG Bell Alexander Graham Bell Association for the Deaf and Hard of Hearing 3417 Volta Place NW Washington, DC 20007-2778 866.337.5220 http://www.agbell.org/DesktopDefault.aspx?p=Awards	Offers various monetary awards Preschool - college age	Parents complete application
The Hike Fund Hearing Impaired Kids Endowment 10115 Cherryhill Place Spring Hill, FL 34608-7116 352.688.2579 contact: Shirley Terrill http://www.thehikefund.org/Application/ApplicationFormsPortal.htm	Financial need - must be eligible for service Grants approved for hearing aids, FM systems, computers, other assistive devices	Parents contact for information
J. Louis Karp Fund Hearing Speech and Deaf Center of Greater Cincinnati 3021 Vernon Place Cincinnati, OH 45206 513.221.0527	Financial assistance may be available from anonymous donors	Parents contact for information
Sertoma Scholarships Sertoma International 1912 East Meyer Boulevard Kansas City, MO 64132-1174 http://www.sertoma.org/%5EScholarships/Scholarships.htm	College students: \$1000 scholarship to cover books, tuition, supplies	Parents/student fill out application
Advocates for Deaf Education Ohio Valley Chapter attn: Grant Application 2047 Berkshire Club Drive Cincinnati, OH 45230 http://advocatesdeafed.org/grants.htm	Educational scholarships to defray the cost of private deaf education tuition directly assist hearing impaired children communicate	Parents contact for information

Community and Family Resource Services Program ARC Hamilton County 1821 Summit Rd, Suite 030 Cincinnati, Oh 45237 513.821.2128 <i>contact: Sandy Shutte x109</i>	Income guidelines - must be eligible for service Family voucher system	Parents contact for information
Red Cross Request for Visual Smoke Detector 720 Sycamore Street Cincinnati, OH 45202 513.579.3988	Smoke detectors provided free of charge	Parents contact for information
SERRC Special Education Regional Resource Center 1301 Bonnell, 3rd Floor Cincinnati, Ohio 45215 513.563.0045 <i>contact: Peggy O'Dell x28</i>	May have equipment available to loan (i.e. soundfield FM, etc.)	Parents contact for information
Ohio Regional Infant Hearing Program Clermont County Board of MRDD PO Box 8 Owensville, OH 45160 513.579.3988 http://www.ccmrdd.org/regional_hearing.htm	May have equipment available to loan	Parents contact for information

Division of Audiology

Alternative Funding Sources for Hearing Aids and/or Assistive Listening Technology: 04/26/10

ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF, INC.

The Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) is a lifelong resource, support network, and advocate for listening, learning, talking, and living independently with hearing loss. Through publications, outreach, training, scholarships, and financial aid, AG Bell promotes the use of spoken language and hearing technology. AG Bell financial aid offers support and resources for people of all ages that have suffered hearing loss. It also offers a comprehensive list of other organizations that offer free or financial assistance for hearing technology, such as hearing aids and TTY technology.

For more information contact:

Alexander Graham Bell Association for the Deaf and Hard of Hearing
3417 Volta Place NW
Washington, DC 20007
202-337-5220 V
202-337-5221 TTY
202-337- 8314 Fax
E-mail: info@agbell.org
Website: <http://www.agbell.org/>

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)

You may wish to contact the American Speech-Language-Hearing Association for information on insurance coverage of hearing aids and related services. ASHA keeps abreast of current developments and changes in the coverage of hearing health care expenses by private insurance, Medicaid, and Medicare. For more information, please contact:

American Speech-Language-Hearing Association
2200 Research Blvd.
Rockville, MD 20850-3289
301-897-5700 V/TTY
800-498-2071 V/TTY
800-638-8255 V/TTY
email: actioncenter@asha.org
Website: <http://asha.org/>

AUDIANT

This is an alliance for accessible hearing care developed by Northwest Hearing Care, an affiliate of Northwest Lions Foundation for Sight & Hearing. The AUDIENT program helps income qualified individuals access hearing care at a very low cost. Please contact them about annual income qualifications and to obtain an application.

901 Boren Avenue, Suite 810
Seattle, WA 98104
PH: (206) 838-7194
FAX: (206) 838-7195
Toll Free: 1-877-AUDIANT (283-4368).
Website: www.audientalliance.org

BETTER HEARING INSTITUTE

Not-for-profit organization with the mission of educating the public and medical profession on hearing loss, its treatment and prevention.

1444 I Street, NW, Suite 700

Washington, DC 20005

(202) 449-1100 Voice

(202) 216-9646 Fax

1-800-EAR-WELL

Website: <http://www.betterhearing.org>

BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS (BCMh)

The Bureau for Children with Medical Handicaps (BCMh) is a health care program in the Ohio Department of Health (ODH). BCMh links families of children with special health care needs to a network of quality providers and helps families obtain payment for the services their child needs.

BCMh's mission is to assure, through the development and support of high quality, coordinated systems, that children with special health care needs and their families obtain comprehensive care and services that are family centered, community based and culturally sensitive.

BCMh is a state-administered program that operates within ODH. BCMh receives funding for services from the federal Maternal and Child Health Block Grant, state general revenue funds, county tax funds, third-party reimbursements and donations. BCMh promotes early identification of children with handicapping conditions and treatment of those children by appropriate health care providers.

Major components of the program include: conducting quality assurance activities to establish standards of care and to determine unmet needs of children with handicaps and their families; funding services for the diagnosis and treatment of medically eligible conditions; collaborating with public health nurses and local health departments to assist in increasing access to care; supporting service coordination for children with selected diagnoses; and assisting families to access and utilize appropriate sources of payment for services for their child.

Ohio Department of Health

Bureau for Children with Medical Handicaps

246 North High Street

P.O. Box 1603

Columbus, OH 43216-0118

Telephone: (614) 466-1547

Fax: (614) 728-3616

E-mail: BCMh@odh.ohio.gov

CHILDREN OF THE SILENT WORLD

Assists low-income children with purchasing hearing aids.

P.O. Box 2425

Cridersville, OH 45806

Website: <http://www.metroevents.com/silent/>

CIVIC / SERVICE ORGANIZATIONS

Many community service organizations receive charitable donations to purchase hearing aids and other devices for low income deaf and hard of hearing people. Clubs often recondition hearing aids and donate them to individuals in need. Many of these organizations are listed in your telephone directory:

- Granges: <http://www.ohiostategrange.org/>
- National Easter Seal Society: <http://www.easterseals.com/>
- March of Dimes: <http://www.marchofdimes.com>
- Telephone Pioneers of America: <http://www.telephone-pioneers.org/>
- Kiwanis Clubs: <http://www.kiwanis.org/>
- Rotary Clubs: <http://www.rotary.org/>
- Optimist Clubs: <http://www.optimist.org/>

CRIPPLED CHILD RELIEF, INC

Can help anyone of any age – low to medium income levels with financial assistance applications for hearing aids, ALDs, etc.

Marilyn Blore or Anne Marie Hennen

5742 Rhode Island Ave. N.

Minneapolis, MN 55428

(763) 533-0759

(763) 550-0176

Website: <http://www.mnplan.state.mn.us/star/program.html?Id=7>

DISABLED CHILDREN'S RELIEF FUND

Provides assistance to families of children with disabilities, with preference for children with physical disabilities and little or no health insurance. Grant requests accepted between March and September.

P.O. Box 89

Freeport, New York 11520

(516) 377-1605 Voice

(516) 377-3978 Fax

Website: <http://www.dcrf.com/>

DOROTHY AMES TRUST FUND

Assists children in New England states with hearing aids and assistive technology.

Christine L. Cook, Assistant Vice President Trust Officer

Key Trust Company of Maine

P.O. Box 1054

Augusta, ME 04332-1054

(207) 623-5527 Voice

(207) 623-5662 Fax

EASTER SEALS

Over 400 local service centers with varying services; some assist low-income adults and children with hearing aids and other rehabilitative devices.

230 West Monroe Street, Suite 1800

Chicago, IL 60606

(312) 726-6200 Voice

(312) 726-4258 TTY

(312) 726-1494 Fax

1-800-221-6827 Toll-free

Website: <http://www.easter-seals.org/>

FOUNDATION FOR SIGHT & SOUND

The Foundation for Sight & Sound has partnered with EarQ Group to provide hearing aids to individuals with limited financial resources.

P.O. Box 1245

Smithtown, NY 11787

(631) 366-3461

E-mail: info@foundationforsightandsound.org

Website: <http://www.foundationforsightandsound.org/projects.html>

Cincinnati Children's Hospital Medical Center
Division of Audiology
Phone: 513.636.4236 Fax: 513.636.7316

HEAR NOW

Hear Now is a national non-profit program committed to assisting deaf and hard-of-hearing persons with limited financial resources who permanently reside within the United State. They provides recycled and used hearing aids to low-income persons

6700 Washington Avenue South
Eden Prairie, MN 55344
1-800-648-4327 V/TTY

Website: www.sotheworldmayhear.org/forms/hearnow.php

HELP KIDS HEAR

Founded by parents of hard of hearing kids and is dedicated to helping parents find the information and resources they need in dealing with a deaf/hard of hearing (DHH) child.

E-mail: info@helpkidshear.org

Website: <http://www.helpkidshear.org/index.html>

HIKE FUND, INC.

Provides low-income children from birth up to the age of twenty years with hearing aids and assistive devices.

The Hike Fund Inc.
c/o Hike Board Executive Secretary
10115 Cherryhill Place
Spring Hill, FL 34608-7116
(352) 688-2579 Voice and Fax

E-mail: ceterrill1@aol.com

Website: <http://www.thehikefund.org>

HOPE FOR HEARING FOUNDATION AND HEARING AID BANK

(has moved to JOHN TRACY CLINIC)

Offers hope, guidance and encouragement to families of infants and preschool children with hearing losses by providing free, parent-centered services worldwide.

806 West Adams Blvd
Los Angeles, CA 90007-2505
(213) 748-5481 Voice
(213) 749-1651 Fax
(213) 747-2924 TTY

Toll-free in U.S: (800) 522-4582

Website: <http://www.jtc.org/>

LET THEM HEAR FOUNDATION

Provides insurance advocacy, which may be helpful in appealing insurance denials of coverage for hearing aids and cochlear implants.

1900 University Avenue
Suite 101

E. Palo Alto, CA 94303

Phone: (650) 462-3143

Fax: (650) 462-3144

Website: www.LetThemHear.org

LIONS AFFORDABLE HEARING AID PROJECT (AHAP)

After years of research, the Lions developed a low cost, high quality hearing aid which as a little over \$100 has proven to perform as well as aids that sell for \$2,000; available through Lions Clubs in partnership with local audiologist

300 West 22nd Street

Oak Brook, IL 60523-8842

(630) 571-5466; ext 615 voice

Website: www.lionsear.org

Website: http://www.lionsclubs.org/EN/content/programs_hear.shtml

LIONS INFANT HEARING PROGRAM

Loaner program for infants and youth, usually for a 6 months period, until permanent amplification is available. FM Devices also available

Audiologist (not parents) must contact (612) 626-0946

E-mail: mcdan011@umn.edu

MEDICAID

Medicaid does provide some coverage for hearing aids. If you receive Medicaid services, please contact them for more information.

MEDICAL INSURANCE

Please be sure to check with your medical insurance provider to see if they offer any coverage for hearing aids.

MIRACLE-EAR CHILDREN'S FOUNDATION

This program provides new or reconditioned "Miracle-Ear" hearing aids and service free of charge to families who have hearing impaired children age 16 years or younger, with an income level that does not allow them to receive public support. Dahlberg, Inc. is a corporate sponsor, which donates hearing aids for needy children and underwrites the foundation's administrative costs. Eligibility for hearing aids and other services requires disclosure of complete financial information for individuals residing in the same household.

For further information about the service that Miracle-Ear Children's Foundation offers, contact:

Miracle-Ear Children's Foundation

P.O. Box 59261

Minneapolis, MN 55459-0261

(800) 234-5422

Website: <http://www.miracle-ear.com/childrenrequest.aspx>

OPTIMIST INTERNATIONAL

Provides aids and services to hearing impaired youth.

Optimist International Youth Program

Help Them Hear Program

Contact your local Optimist Club

1-800-500-8130

Website: <http://www.optimist.org/default.cfm?content=/districtdirectory.cfm>

SERTOMA

Assists low-income persons with purchasing hearing aids.

1912 East Meyer Boulevard
Kansas City, MO 64132-9990
(816) 333-8300 Voice
(816) 333-4320 Fax
Website: <http://www.sertoma.org/>

STARKEY HEARING FOUNDATION

HEAR NOW is an unincorporated division of the STARKEY HEARING FOUNDATION that gives hearing aids to those who fit the financial guideline, complete the application process, and are approved for assistance. HEAR NOW is a program of last resort. Therefore, it is expected that all other avenues of assistance be exhausted before you apply to HEAR NOW. Other options for assistance are insurance, Medicaid, Medicare, Vocational Rehabilitation, and VA. HEAR NOW also considers significant funds in checking, savings, CD's, money market accounts, and other investments as resources to purchase hearing aids. To receive a full application packet for the HEAR NOW program, contact

6700 Washington Avenue South
Eden Prairie , MN 55344
800-328-8602 (voice-ask for Hear Now)
(952) 947-4997 Fax
Website: <http://www.sotheworldmayhear.org>

TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM ASSOCIATION (TEDPA)

State telephone equipment programs can be found here. These programs vary quite widely in what they provide and what their eligibility requirements are, but some provide free or low-cost telephone equipment to eligible residents.

Website: www.tedpa.org/

TRAVELERS PROTECTIVE ASSOCIATION SCHOLARSHIP TRUST FOR THE DEAF AND NEAR-DEAF

Provides assistance for mechanical devices, medical care, and/or specialized education or treatment, to those who demonstrate financial need. U.S. citizens only. Grants may be used to purchase hearing aids, assistive listening equipment, or may help with the cost of a cochlear implant.

3755 Lindell Boulevard
St. Louis, MO 63108
(314) 371-0533 Voice
(314) 371-0537 Fax
Website: <http://www.tpahq.org> (click on "Scholarship Trust" link)

U.S. VETERANS ADMINISTRATION

All World War I veterans are eligible to receive free hearing aids. Other veterans can receive free hearing aids if their hearing loss is at least 50% service-related. Veterans must first contact a V.A. medical facility near their home. Veterans of military service may qualify for assistance with hearing aids, assistive listening devices, and other rehabilitative services.

OTHER SUGGESTIONS

ATM FINANCIAL LOAN PROGRAM

Financial loan program to help people with disabilities acquired the assistive technology service or device, i.e. hearing aids; they need to become more independent.

Assistive Technology of MN
P.O. Box 310
Maple Plain, MN 55359-0310
(866) 535-8239
(763) 479-8239
Website: <http://atmn.org/>

CARECREDIT

It is a Health Care Credit Card that offers a 3, 6, and 12-months *No Interest Plan* and a 24, 36, and 48-months *Low Interest Plan*. You will need to check with the audiologist (on-line or in person) to see if they accept this plan.

Website: www.carecredit.com

Health Care Spending Plans

One of the best ways to pay for these needs yourself is through an employer-sponsored Flexible Medical Spending Plan. These plans let you take money out of your pay pretax. This money is used to cover medical expenses not covered by your health insurance. Another way to pay is by opening a Health Savings Account.

Local Agencies/Programs

Local agencies sometimes receive donations or private funds to assist with various needs. Speech and hearing centers may provide hearing aids at a reduced rate for clients who have used their service for audiological assessment. Some areas have hearing aid banks that distribute reconditioned hearing aids to individuals ineligible for financial assistance. These banks are often affiliated with local service organizations such as:

- United Way: <http://national.unitedway.org/>
- Child Health Centers
- Speech and hearing centers
- Organizations for older adults
- Deaf community centers
- Organizations for Deaf and hard of hearing people
- Religious organizations/institutions
- Hearing aid banks

STARKEY SOUNDCHOICE

Offers a 3, 6, and 12-months *No Interest Plan* and a 24, 36, and 48-months *Low Interest Plan*.

Website: www.soundchoicefinancing.com

UNITED REHABILITATION SERVICES OF GREATER DAYTON – THE BERRY HEARING CENTER

The Berry Hearing Center has a program that if you put down 50% of the total cost of the hearing aid(s), you will have one (1) year to pay the other 50% with no interest.

4710 Old Troy Pike
Dayton, Ohio 45424
(937) 233-1230 – ask for Berry Hearing Center

If you have access to the internet, it is recommended that you do a search for “financial assistance for hearing aids,” as there may be further assistance that is not listed above.



Please return to:
 Cincinnati Children's Hospital
 Financial Counseling Department
 MLC-5011, 3333 Burnet Avenue
 Cincinnati, Ohio 45229-3039

APPLICATION FOR FINANCIAL ASSISTANCE

PLEASE PRINT

Today's Date: _____
MONTH DAY YEAR

Responsible Party: _____
LAST FIRST M.I.

Patient Name: _____
LAST FIRST M.I.

Patient Address at time of medical care: _____
STREET APT. NO.

CITY COUNTY STATE ZIP CODE

Current Address _____
STREET APT. NO.

CITY COUNTY STATE ZIP CODE

Date of Hospital Services: _____ Patient Birth Date: _____
MONTH DAY YEAR MONTH DAY YEAR

Did the patient have health insurance or Medicaid at the time of the hospital service? Yes* No

*If you answered "Yes", please attach a copy of the insurance card (front and back) or Medicaid card that covers the patient and complete the following:

Name of Insurance Company: _____

Policy Number: _____ Group Number: _____

Insurance Phone Number: _____ Medicaid Number: _____

Please complete the following:

List family members, including parents, patient, siblings (natural or adopted under age 18 living at home). List any additional family members in the Support Statement box on the next page.

FAMILY MEMBERS	AGE	RELATIONSHIP TO PATIENT
1.		
2.		
3.		
4.		

List **ALL** income for family members including gross (pretax) wages, rental income, unemployment, social security benefits, child support, etc. Family members include parents, the patient and siblings (natural or adopted under age 18 living at home). List any additional income in the Support Statement box on the next page.

FAMILY MEMBER	SOURCE OF INCOME OR EMPLOYER NAME	INCOME 3 TO 12 MONTHS BEFORE THE DATE OF SERVICE

Your signature is required on the back of this application.

In addition to the completed financial assistance application we also need the following documentation:

1. **Proof of all gross (pretax) income** for the responsible party: a) including 4 paycheck stubs from two months before the date of medical care or a letter from your employer indicating your income at the time of medical care, b) child support, alimony, or social security income statements, and/or c) your unemployment compensation letter.
2. **Proof of Residency** including a copy at least one of the following dated around the date that medical care was received. Acceptable documents can be a utility bill (gas or electric), phone or cable bill, a rent receipt, a credit card bill, your voter registration card or a copy of your driver's license or state identification card.

By my signature below, I certify that I have carefully read this application and that everything I have stated or any documentation I have attached is true and correct to the best of my knowledge and belief. **I understand that it is unlawful to knowingly submit false information to obtain financial assistance.**

Responsible Party Signature _____ Date Completed _____

If you reported \$0.00 income on the front of this application please have the Support Statement below completed by the person(s) providing help to you and/or your family.

SUPPORT STATEMENT

(To be completed by the person providing support to the patient)

I have been identified by the parent and/or patient as providing financial support. Below is a list of services and support that I provide.

I hereby certify and verify that all of the information given above is true and correct to the best of my knowledge and belief. I understand that my signature **will not** make me financially responsible for the patient's medical charges.

Please attach Proof of Residency, such as a copy of a utility or cable bill with your address on it from the period of time the medical care was received provided.

Signature _____

Address _____

If you have any questions, please contact the Financial Counseling Department at Cincinnati Children's Hospital Medical Center, MLC-5011, 3333 Burnet Avenue, Cincinnati, Ohio 45229-3039 or by calling 513-636-0201 or 1-800-344-2462, ext. 60201.

Our hours are 8 a.m. to 4:30 p.m. Monday – Friday. Our fax number is 513-636-2225



Billing Information

Billing Information

- [Billing Services](#)
- [What to Expect](#)
- [Understanding Your Billing Statements](#)
- [Online Account Manager / eBill](#)
- [Información Para Pacientes y Familias Hispanas](#)
- [Insurance and Patient Registration](#)
- [Insurance Options](#)
- [Paying Your Bills](#)
- [Frequent Billing Questions](#)
- [Financial Assistance](#)
- [Billing and Medical Terms Glossary](#)
- [Billing Policy and Pricing](#)
- [NPI Information](#)
- [Contact Us](#)

Financial and Medical Assistance Programs for Families

[Financial Assistance](#) | [Poverty Guidelines](#) | [BCMh](#) | [Healthy Start](#) | [CBI](#) | [Medicaid](#) | [VOC](#) | [State Resources](#)

Worried about paying your medical bills? No health insurance? We can help!

Cincinnati Children's Financial Assistance Program

Cincinnati Children's works with eligible patients and families to secure government assistance for medically necessary hospital-level services. If patients and their families are not eligible for government assistance, Cincinnati Children's offers financial assistance in the form of discounts and payment plans.

The Cincinnati Children's Financial Assistance Program is available to all patients and families who live in our primary service area and do not have health insurance. (Our service area includes Hamilton, Warren, Butler, Clermont, Boone, Kenton, Campbell and Dearborn counties.)

Cincinnati Children's expects families to use all other available resources before financial aid will be considered. This includes encouraging families to apply to their county's local Department of Human Services.

Qualification for many assistance programs requires applicants to meet federal poverty income guidelines based on their Federal Poverty Level (FPL).

Quick Links
Clinical Studies
Locations / Maps
Liberty Campus
eCards
Events
Find a Health Professional / Researcher
Jobs
Newsroom
Research
Donate to Cincinnati Children's
Change the Outcome Blog
Quick Links For
Families
Health Care Professionals
Researchers

2011 Federal Poverty Income Guidelines

Family Size	Income 200% FPL	Income 250% FPL	Income 300% FPL	Income 400% FPL
1	\$21,780	\$27,225	\$32,670	\$43,560
2	\$29,420	\$36,775	\$44,130	\$58,840
3	\$37,060	\$46,325	\$55,590	\$74,120
4	\$44,700	\$55,875	\$67,050	\$89,400
5	\$52,340	\$65,425	\$78,510	\$104,680
6	\$59,980	\$74,975	\$89,970	\$119,240
7	\$67,620	\$84,525	\$101,430	\$135,240
8	\$75,260	\$94,075	\$112,890	\$150,520
For each additional person, add:	\$ 7,640	\$ 9,550	\$ 11,460	\$ 15,280

For further information, please visit <http://www.cincinnatichildrens.org/visit/financial/assistance.htm> or contact a financial counselor directly at:

CCHMC Financial Counseling Department

Local: 513-636-0201

Toll free: 1-800-344-2462, ext. 0201

TTY: 513-636-4900

8 am - 4:30 pm

Monday through Friday

Chart of Detailed Information for Funding Sources

Organization	Range of funding / age criteria	Coverage	Turn-around time	Income limit	Documentation required	Citizenship/ Residency
AV Hunter Trust	Amounts vary, case by case decisions. Funding sent to vendor. Ages three through adult. May be accessed one time only per individual.	Durable medical equipment including aids of all types and other hardware	About three weeks if application is complete	None given, but intended for low to middle income.	Must be filled out by third party such as audiologist, social worker and signed by parent. Online application: 2 forms of ID, prescription for item, income, equipment needed.	Proof of CO residency for past 12 months is required.
Center for Speech, Language, and Hearing	Case by case decisions Both locations: age ten through adult, call for eligibility before making appointment. No specialized pediatric equipment on site.	Digital hearing aids, two packs of batteries, follow up visits, warranty visits	Two weeks	Fees based on sliding scale according to income, no commission on aids. Full donation for those unable to pay.	Verification of income, prescription. Application available on site in Denver and Colorado Springs.	Contact the center for most recent information.
Communication for the Deaf and Hard of Hearing	All ages, refurbished hearing aids are given (no funds).	Used hearing aids donated to person in need	As soon as match is found	Any person in need		Not required
CNI Center for Hearing Cochlear Implant Assistance Program	ages 1 year and up, including adults.	Internal and external hardware components only. Does not cover out of pocket cost for CI or BAHA system of choice (internal and external parts.) Second device not considered. Replacement devices considered.	About eight weeks. Incomplete applications held for 6 months, then must be reinstated.	None listed, intended for uninsured or underinsured applicants. CNI encourages the surgery or implant center to pursue reduction in fees for hospital, surgical and audiology costs.	See application online, required that individual is established as a CI or BAHA candidate before applying. Documentation required from clinic as well as statement from parent or child over 13.	Yes – must provide proof of US citizenship

Parent Funding Toolkit

Organization	Range of funding / age criteria	Coverage	Turn-around time	Income limit	Documentation required	Citizenship/ Residency
CNI BAHA Assistance Program	All ages once eligible for BAHA	Internal and external hardware components only. Does not cover out of pocket cost for CI or BAHA system of choice (internal and external parts.) Second device not considered. Replacement devices considered.	About eight weeks. Incomplete applications held for 6 months, then must be reinstated.	None listed, intended for uninsured or underinsured applicants. CNI encourages the surgery or implant center to pursue reduction in fees for hospital, surgical and audiology costs.	See application online, required that individual is established as a CI or BAHA candidate before applying. Documentation required from clinic as well as statement from parent or child over 13.	Yes – must provide proof of US citizenship
The Elks Lodge	Average amount \$200-\$300. depends on local Elks Lodge, children 18 and below.	Funds for health, education, welfare of children	About four weeks as Lodge meets monthly.	Lower income range	Each Lodge has application	Not currently
First Hand Foundation	Will send funds directly to provider. Child 17 or younger; older dependent must be considered in "child-like" mental state up to age 21. Limit once per year with three grants over lifetime.	Medical needs for children when insurance is not present or excludes need. Includes hearing aids, implants, BAHA's, FM's, travel, and therapy.	Decision 7-10 days after monthly meeting Online application available.	None listed. Only for families lacking insurance or when insurance excludes need.	Doctor's letter summarizing need, proof of financial statement, letter of denial from Medicaid/insurance picture of child, info on equipment/procedure	No – international requests considered.
Friends of Man	Newborn through adults	Funds paid to provider for some tangible need related to special health care need.	One to two weeks	None listed. Intended for assistance when purchase causes hardship on a family.	Application accepted only through third party such as audiologist, social worker.	No.
Hear Now/Starkey	Program of last resort for children and adults of all ages. Call for eligibility.	Hearing aids provided.	2 weeks after completed application	Family does not qualify for any other assistance, including government or insurance benefits. Must be low income.	Client must pay a non-refundable application processing fee; \$125.00 per hearing aid	No.

Parent Funding Toolkit

Organization	Range of funding / age criteria	Coverage	Turn-around time	Income limit	Documentation required	Citizenship/ Residency
The Hearing Foundation: International Hearing Health Missions	Program of last resort for children and adults of all ages.	5-7 working days. Analog hearing aids, cleaning tools and batteries provided.	2 weeks after completed application	HEAR Now guidelines followed above.	HEAR Now guidelines followed above.	Worldwide
H.E.A.R. Project	\$300 short form, 1600 long form suggested, but requests above that amount can be considered. Limit 2000 every five years Birth to 18 or through 21 if not covered by vocational rehabilitation programs.	Hearing aids, ear molds, repairs, testing, FM systems, cochlear implant replacement parts, batteries. Funding sent to provider.	Up to 8 weeks	Short form: 200% of poverty guidelines (36,800 family of four) Long Form: Family of four combined income of 70,000	Statement from audiologist. Long form: proof of income, bank statements, statement of medical need, letter by parent with photo, audiogram.	Colorado residency required.
H.E.A.R.S. El Paso County and surrounding area	Sliding scale to 100% discount based on financial need including medical expenses. El Paso County only. Birth through adult	Testing, hearing aids, ear molds, CI durable medical equipment through contracted pediatric or adult audiologist.	1-2 months (Board meets once per month) once application is complete.	Low to middle income, medical expenses deducted from income. Sliding scale if clients are over income.	Nine months of bank statement copies required. When application is approved, a \$40.00 processing fee is requested to offset costs of program. The program has partner pediatric and adult audiologists.	Colorado residency required, limited counties surrounding Colorado Springs.
H.I.K.E Fund	Case by case decision for ages birth to age 20.	Funding to provider for hearing aids, FM systems, computers for deaf/hh children, cochlear implant or BAHA hardware or batteries.	Around 6 months from the application to the receipt of funds	No income limit. Many recipients are children of working parents who are unable to afford this special need.	Financial disclosure, W-2 form and pay stub, recent audiogram, prescription from a licensed audiologist and/or physician	No.
Larimer County hearing Aid Bank	limit of \$75-200.00	Repairs, ear molds, and hearing aids	Average 2 months	Sliding scale	Audiogram within a year	Larimer county resident but US citizenship not required.

Parent Funding Toolkit

Organization	Range of funding / age criteria	Coverage	Turn-around time	Income limit	Documentation required	Citizenship/ Residency
Mandy Project	Average \$500.-\$750.for birth through college age. Checks only to provider	Open to covering anything for deaf/hh child needs.	About two weeks	No set limits	Audiogram, picture, permission to use photo	Possibly required in future
Miracle-Ear Children's Foundation	Hearing aid coverage & Hearing Support Services for birth to age 16.	Digital aid, BTE and In-the-Ear aid	4-6 weeks	\$20,000-\$40,000 limit	Audiogram and medical signed release within six month period	Citizen of US and legal resident
Quota International	Birth to age 23	Varies by location.	Varies	50% of poverty level or have hearing health needs that are not covered by insurance.	Find local chapter to determine contact person, application process, and funds availability.	No. See website for local chapter (Fort Collins, Denver, and other areas)
United Healthcare Grants	Birth to age 16 (apply before 17 th birthday), excluding those covered by Medicaid or other government program. Lifetime maximum 7500.	Any medical need, device or therapy excluding experimental devices or alternative therapies		40,000 for family of 2 with 20,000 additional per family member allotted (less than 100,000 adjusted gross income for family of 5 and up)	Application from parent, letter from medical provider, recent tax return copy.	Citizen and legal resident

Special Children Special Needs, Special Care

Since 1924, the Kentucky Commission for Children with Special Health Care Needs has provided care for children with physical disabilities. Our mission is to enhance the quality of life for Kentucky's children with special health care needs through direct service, leadership, education and collaboration.

Twelve offices serve children across the state. Commission staff work with families to help them get the care their children need.

For more information, call the
commission office nearest you:

Ashland
(800)-650-1329
(606) 929-9155

Bowling Green
(800)-843-5877
(270) 746-7816

Hazard
(800)-378-3357
(606) 435-6167

Lexington Hemophilia
(800)-333-7359
(859) 257-6033

Louisville Hemophilia
(877)-261-3108
(502) 429-4430

Owensboro
(877)-687-7038
(270) 687-7038

Prestonsburg
(800)-594-7058
(606) 889-1761

Early Hearing Detection & Intervention (EHDI)
(877)-757-HEAR
(877)-757-4327

Barbourville
(800)-348-4279
(606) 546-5109

Elizabethtown
(800)-995-6982
(270) 765-6982

Lexington
(800)-817-3874
(859) 252-3170

Louisville
(800)-232-1160
(502) 429-4430

Morehead
(800)-928-3049
(606) 783-8610

Paducah
(800)-443-3651
(270) 443-3651

Somerset
(800)-525-4279
(606) 678-4454

Commission for Children with Special Health Care Needs



<http://chfs.ky.gov/ccshcn>
Printed with state funds.



<http://chfs.ky.gov/ccshcn>
KENTUCKY CABINET FOR HEALTH & FAMILY SERVICES
KENTUCKYUNBRIDLEDSPIRIT.COM

Eligibility

A child can receive services from the Commission for Children with Special Health Care Needs if the child is a resident of Kentucky, younger than age 21, has a medical condition that usually responds to treatment and is covered by the program and meets financial guidelines. Services are approved as required by the patient's treatment plan.

Patients remain in the program until:

- they reach the age of 21;
- they have gained maximum benefit from treatment;
- they choose to obtain services in another setting; or
- they no longer comply with treatment plan or program guidelines.

How to Apply

Contact the nearest commission office and request an application. The request can come from a parent or guardian, primary care provider, teacher or neighbor. You can make an appointment to come to a commission office to fill out the application. Staff members will tell you what to bring for proof of income and help answer your questions.

Programs

Asthma (Severe)	Burn
Cerebral Palsy	Cleft Lip & Palate
Craniofacial	Cystic Fibrosis
Eye	Hand
Heart	Hemophilia*
Neurology	Orthopedic
Rheumatology	Otology
Neurosurgery	Plastic Surgery
Scoliosis	Seizure
Spina Bifida	

Programs vary by region

*Also provided for adults.

Services

Care Coordination
Hospitalization
Surgery
Lab Test and X-rays
Medication
Durable Medical Equipment
(such as wheelchairs or hearing aids)
Physical Therapy, Occupational
Therapy and Speech Therapy
Hearing Tests

Early Hearing Detection & Intervention (EHDI)

Children born in Kentucky have their hearing tested before going home from the hospital. The staff in the Early Hearing Detection & Intervention (EHDI) program can help you find services for more testing and resources if your child has a hearing loss. Children with hearing loss can have normal language skills if they get the early support services they need. Some children need regular appointments to check their hearing if they are at risk for later hearing loss. The EHDI program also helps these children and their families with information about testing and follow-up care. Call (877)-757-HEAR (V/TTY) or your local commission office for more information.

Transition Planning

Children and young people with special needs and their families sometimes need extra support in reaching the milestones that mark growing independence. The commission helps children and families with a transition checklist to help them plan and prepare for changes as the children grow. Whether it is planning to meet special medical needs in school or helping the child and family understand and manage a medical condition at home, the commission is there with transition planning and parent consultants on staff.



FAMILY FINANCIAL ADVOCATE PROGRAM

If you have private health insurance
and your child has 4 or more medical appointments a year at
Cincinnati Children's...
We can help!

Myth: My family makes too much money to qualify for assistance.

Fact: There are programs available that can help reduce the burden of
your medical expenses. A family of 4 could make up to \$92,000 a
year and possibly qualify for assistance.

HELP IS AVAILABLE

Family Financial Advocates assist families that have health insurance but who need additional financial resources to cover medical bills for their chronically ill child. We identify and help families apply for programs including: Medicaid, BCMH, Social Security, Developmental Disability Services, and Financial Assistance. Our advocates can assist families throughout the United States. In addition, we can assist with complicated billing issues.

For more information please contact Jen Stuempel, Family Financial Advocate @ 513.803.6478 or via email @ Jennifer.Stuempel@ cchmc.org