**ALTERNATIVE FUNDING SOURCES**

*audiologist initiation required*

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

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

<table>
<thead>
<tr>
<th><strong>SOURCE</strong></th>
<th><strong>NOTES</strong></th>
<th><strong>APPLICATION INFORMATION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>AG Bell</td>
<td>Offers various monetary awards Preschool - college age</td>
<td>Parents complete application</td>
</tr>
<tr>
<td>The Hike Fund</td>
<td>Financial need - must be eligible for service Grants approved for hearing aids, FM systems, computers, other assistive devices</td>
<td>Parents contact for information</td>
</tr>
<tr>
<td>Hearing Impaired Kids Endowment 10115 Cherryhill Place Spring Hill, FL 34608-7116 352.688.2579 contact: Shirley Terrill <a href="http://www.thehikefund.org/Application/ApplicationFormsPortal.htm">http://www.thehikefund.org/Application/ApplicationFormsPortal.htm</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Louis Karp Fund</td>
<td>Financial assistance may be available from anonymous donors</td>
<td>Parents contact for information</td>
</tr>
<tr>
<td>Hearing Speech and Deaf Center of Greater Cincinnati 3021 Vernon Place Cincinnati, OH 45206 513.221.0527</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocates for Deaf Education Ohio Valley Chapter attn: Grant Application 2047 Berkshire Club Drive Cincinnati, OH 45230 <a href="http://advocatesdeafed.org/grants.htm">http://advocatesdeafed.org/grants.htm</a></td>
<td>Educational scholarships to defray the cost of private deaf education tuition directly assist hearing impaired children communicate</td>
<td>Parents contact for information</td>
</tr>
<tr>
<td>Community and Family Resource Services Program</td>
<td>Income guidelines - must be eligible for service</td>
<td>Parents contact for information</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>ARC Hamilton County</td>
<td>Family voucher system</td>
<td></td>
</tr>
<tr>
<td>1821 Summit Rd, Suite 030</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cincinnati, Oh 45237</td>
<td></td>
<td></td>
</tr>
<tr>
<td>513.821.2128</td>
<td></td>
<td></td>
</tr>
<tr>
<td>contact: Sandy Shutte x109</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Red Cross</th>
<th>Smoke detectors provided free of charge</th>
<th>Parents contact for information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Visual Smoke Detector</td>
<td></td>
<td></td>
</tr>
<tr>
<td>720 Sycamore Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cincinnati, OH 45202</td>
<td></td>
<td></td>
</tr>
<tr>
<td>513.579.3988</td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERRC</th>
<th>May have equipment available to loan (i.e. soundfield FM, etc.)</th>
<th>Parents contact for information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Education Regional Resource Center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1301 Bonnell, 3rd Floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cincinnati, Ohio 45215</td>
<td></td>
<td></td>
</tr>
<tr>
<td>513.563.0045</td>
<td></td>
<td></td>
</tr>
<tr>
<td>contact: Peggy O'Dell x28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ohio Regional Infant Hearing Program</th>
<th>May have equipment available to loan</th>
<th>Parents contact for information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clermont County Board of MRDD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PO Box 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Owensville, OH 45160</td>
<td></td>
<td></td>
</tr>
<tr>
<td>513.579.3988</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="http://www.comrdd.org/regional_hearing.htm">http://www.comrdd.org/regional_hearing.htm</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 2007
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/

AUDIENT
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
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](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/](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/](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](http://www.foundationforsightandsound.org/projects.html)
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: mcdn011@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 Heath 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 SOUND CHOICE
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.*
APPLICATION FOR FINANCIAL ASSISTANCE

PLEASE PRINT

Today's Date: ____________

Responsible Party: __________________________________________

Patient Name: ____________________________________________

Patient Address at time of medical care: __________________________________________

Current Address ____________________________________________

Date of Hospital Services: ____________

Patient Birth Date: ____________

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.

<table>
<thead>
<tr>
<th>FAMILY MEMBERS</th>
<th>AGE</th>
<th>RELATIONSHIP TO PATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>FAMILY MEMBER</th>
<th>SOURCE OF INCOME OR EMPLOYER NAME</th>
<th>INCOME 3 TO 12 MONTHS BEFORE THE DATE OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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
Financial and Medical Assistance Programs for Families

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.

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

### 2011 Federal Poverty Income Guidelines

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Income 200% FPL</th>
<th>Income 250% FPL</th>
<th>Income 300% FPL</th>
<th>Income 400% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$21,780</td>
<td>$27,175</td>
<td>$32,670</td>
<td>$43,655</td>
</tr>
<tr>
<td>2</td>
<td>$33,420</td>
<td>$40,775</td>
<td>$44,510</td>
<td>$58,840</td>
</tr>
<tr>
<td>3</td>
<td>$57,060</td>
<td>$69,825</td>
<td>$75,590</td>
<td>$97,120</td>
</tr>
<tr>
<td>4</td>
<td>$44,700</td>
<td>$55,875</td>
<td>$67,060</td>
<td>$85,400</td>
</tr>
<tr>
<td>5</td>
<td>$62,340</td>
<td>$78,425</td>
<td>$92,510</td>
<td>$104,080</td>
</tr>
<tr>
<td>6</td>
<td>$75,060</td>
<td>$94,875</td>
<td>$110,970</td>
<td>$115,240</td>
</tr>
<tr>
<td>7</td>
<td>$67,620</td>
<td>$84,525</td>
<td>$101,450</td>
<td>$105,520</td>
</tr>
<tr>
<td>8</td>
<td>$75,260</td>
<td>$94,075</td>
<td>$112,890</td>
<td>$105,520</td>
</tr>
</tbody>
</table>

For each additional person, add: $7,560 $9,050 $11,140 $15,280

For further information, please visit [http://www.cincinnatichildrens.org/visit/financial/assistance.htm](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
<table>
<thead>
<tr>
<th>Organization</th>
<th>Range of funding / age criteria</th>
<th>Coverage</th>
<th>Turn-around time</th>
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<th>Documentation required</th>
<th>Citizenship/ Residency</th>
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<tr>
<td>AV Hunter Trust</td>
<td>Amounts vary, case by case decisions. Funding sent to vendor.</td>
<td>Durable medical equipment including aids of all types and other</td>
<td>About three weeks if</td>
<td>None given, but intended for low to middle income.</td>
<td>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.</td>
<td>Proof of CO residency for past 12 months is required.</td>
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<tr>
<td></td>
<td>Ages three through adult. May be accessed one time only per individual.</td>
<td>hardware</td>
<td>application is complete</td>
<td></td>
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</tr>
<tr>
<td>Center for Speech, Language, and Hearing</td>
<td>Case by case decisions. Both locations: age ten through adult, call for eligibility before making appointment. No specialized pediatric equipment on site.</td>
<td>Digital hearing aids, two packs of batteries, follow up visits, warranty visits</td>
<td>Two weeks</td>
<td>Fees based on sliding scale according to income, no commission on aids. Full donation for those unable to pay.</td>
<td>Verification of income, prescription. Application available on site in Denver and Colorado Springs.</td>
<td>Contact the center for most recent information.</td>
</tr>
<tr>
<td>Communication for the Deaf and Hard of Hearing</td>
<td>All ages, refurbished hearing aids are given (no funds).</td>
<td>Used hearing aids donated to person in need</td>
<td>As soon as match is found</td>
<td>Any person in need</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNI Center for Hearing Cochlear Implant Assistance Program</td>
<td>Ages 1 year and up, including adults.</td>
<td>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.</td>
<td>About eight weeks. Incomplete applications held for 6 months, then must be reinstated.</td>
<td>None listed, intended for uninsured or underinsured applicants.</td>
<td>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.</td>
<td>Yes — must provide proof of US citizenship</td>
</tr>
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</tr>
<tr>
<td>CNI BAHA Assistance Program</td>
<td>All ages once eligible for BAHA</td>
<td>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.</td>
<td>About eight weeks. Incomplete applications hold for 6 months, then must be reinstated.</td>
<td>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.</td>
<td>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.</td>
<td>Yes – must provide proof of US citizenship</td>
</tr>
<tr>
<td>The Elks Lodge</td>
<td>Average amount $200- $300. depends on local Elks Lodge, children 18 and below.</td>
<td>Funds for health, education, welfare of children</td>
<td>About four weeks as Lodge meets monthly.</td>
<td>Lower income range</td>
<td>Each Lodge has application</td>
<td>Not currently</td>
</tr>
<tr>
<td>First Hand Foundation</td>
<td>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.</td>
<td>Medical needs for children when insurance is not present or excludes need. Includes hearing aids, implants, BAHA’s, FM’s, travel, and therapy.</td>
<td>Decision 7-10 days after monthly meeting Online application available.</td>
<td>None listed. Only for families lacking insurance or when insurance excludes need.</td>
<td>Doctor’s letter summarizing need, proof of financial statement, letter of denial from Medicaid/insurance picture of child, info on equipment/procedure</td>
<td>No – international requests considered.</td>
</tr>
<tr>
<td>Friends of Man</td>
<td>Newborn through adults</td>
<td>Funds paid to provider for some tangible need related to special health care need.</td>
<td>One to two weeks</td>
<td>None listed. Intended for assistance when purchase causes hardship on a family.</td>
<td>Application accepted only through third party such as audiologist, social worker.</td>
<td>No.</td>
</tr>
<tr>
<td>Hear Now/Starkey</td>
<td>Program of last resort for children and adults of all ages. Call for eligibility.</td>
<td>Hearing aids provided.</td>
<td>2 weeks after completed application</td>
<td>Family does not qualify for any other assistance, including government or insurance benefits. Must be low income.</td>
<td>Client must pay a non-refundable application processing fee. $125.00 per hearing aid</td>
<td>No.</td>
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<tr>
<td>The Hearing Foundation: International Hearing Health Missions</td>
<td>Program of last resort for children and adults of all ages.</td>
<td>5-7 working days. Analog hearing aids, cleaning tools and batteries provided.</td>
<td>2 weeks after completed application</td>
<td>HEAR Now guidelines followed above.</td>
<td>HEAR Now guidelines followed above.</td>
<td>Worldwide</td>
</tr>
<tr>
<td>H.E.A.R. Project</td>
<td>$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.</td>
<td>Hearing aids, ear molds, repairs, testing, FM systems, cochlear implant replacement parts, batteries. Funding sent to provider.</td>
<td>Up to 8 weeks</td>
<td>Short form: 200% of poverty guidelines (36,800 family of four) Long Form: Family of four combined income of 70,000</td>
<td>Statement from audiologist. Long form: proof of income, bank statements, statement of medical need, letter by parent with photo, audiogram.</td>
<td>Colorado residency required.</td>
</tr>
<tr>
<td>H.E.A.R.S. El Paso County and surrounding area</td>
<td>Sliding scale to 100% discount based on financial need including medical expenses. El Paso County only. Birth through adult</td>
<td>Testing, hearing aids, ear molds, CI durable medical equipment through contracted pediatric or adult audiologist.</td>
<td>1-2 months (Board meets once per month) once application is complete.</td>
<td>Low to middle income, medical expenses deducted from income. Sliding scale if clients are over income.</td>
<td>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.</td>
<td>Colorado residency required, limited counties surrounding Colorado Springs.</td>
</tr>
<tr>
<td>H.I.K.E Fund</td>
<td>Case by case decision for ages birth to age 20.</td>
<td>Funding to provider for hearing aids, FM systems, computers for deaf/th children, cochlear implant or Baha hardware or batteries.</td>
<td>Around 6 months from the application to the receipt of funds</td>
<td>No income limit. Many recipients are children of working parents who are unable to afford this special need.</td>
<td>Financial disclosure, W-2 form and pay stub, recent audiogram, prescription from a licensed audiologist and/or physician</td>
<td>No.</td>
</tr>
<tr>
<td>Larimer County hearing Aid Bank</td>
<td>limit of $75-200.00</td>
<td>Repairs, ear molds, and hearing aids</td>
<td>Average 2 months</td>
<td>Sliding scale</td>
<td>Audiogram within a year</td>
<td>Larimer county resident but US citizenship not required.</td>
</tr>
<tr>
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<tr>
<td>Mandy Project</td>
<td>Average $500-$750 for birth through college age. Checks only to provider</td>
<td>Open to covering anything for deaf/hh child needs.</td>
<td>About two weeks</td>
<td>No set limits</td>
<td>Audiogram, picture, permission to use photo</td>
<td>Possibly required in future</td>
</tr>
<tr>
<td>Miracle-Ear Children's Foundation</td>
<td>Hearing aid coverage &amp; Hearing Support Services for birth to age 16.</td>
<td>Digital aid, BTE and In-the-Ear aid</td>
<td>4-6 weeks</td>
<td>$20,000-$40,000 limit</td>
<td>Audiogram and medical signed release within six month period</td>
<td>Citizen of US and legal resident</td>
</tr>
<tr>
<td>Quota International</td>
<td>Birth to age 23</td>
<td>Varies by location</td>
<td>Varies</td>
<td>50% of poverty level or have hearing health needs that are not covered by insurance,</td>
<td>Find local chapter to determine contact person, application process, and funds availability.</td>
<td>No. See website for local chapter (Fort Collins, Denver, and other areas)</td>
</tr>
<tr>
<td>United Healthcare Grants</td>
<td>Birth to age 16 (apply before 17th birthday), excluding those covered by Medicaid or other government program. Lifetime maximum 7500.</td>
<td>Any medical need, device or therapy excluding experimental devices or alternative therapies</td>
<td>Any</td>
<td>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)</td>
<td>Application from parent, letter from medical provider, recent tax return copy.</td>
<td>Citizen and legal resident</td>
</tr>
</tbody>
</table>
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
- **Barbourville**
  - (800)-348-4279
  - (606) 546-5109
- **Bowling Green**
  - (800)-843-5877
  - (270) 746-7816
- **Elizabethtown**
  - (800)-995-6982
  - (270) 765-6982
- **Hazard**
  - (800)-378-3357
  - (606) 435-6167
- **Lexington**
  - (800)-817-3874
  - (859) 252-3170
- **Lexington Hemophilia**
  - (800)-333-7359
  - (859) 257-6033
- **Louisville**
  - (800)-232-1160
  - (502) 429-4430
- **Louisville Hemophilia**
  - (877)-261-3108
  - (502) 429-4430
- **Morehead**
  - (800)-928-3049
  - (606) 783-8610
- **Owensboro**
  - (877)-687-7038
  - (270) 687-7038
- **Paducah**
  - (800)-443-3651
  - (270) 443-3651
- **Prestonsburg**
  - (800)-594-7058
  - (606) 889-1761
- **Somerset**
  - (800)-525-4279
  - (606) 678-4454
- **Early Hearing Detection & Intervention (EHDI)**
  - (877)-757-HEAR
  - (877)-757-4327
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)
- Cerebral Palsy
- Craniofacial
- Eye
- Heart
- Neurology
- Rheumatology
- Neurosurgery
- Scoliosis
- 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