

Part 1: Frequently Asked Questions

Part 2: Application Form

IMPORTANT INFORMATION: FREQUENTLY ASKED QUESTIONS**Please read carefully before applying****What is the Hear@Dal Program?**

The Hear@Dal Program provides donated new or refurbished hearing aids to eligible low-income Nova Scotians, mostly seniors, who have absolutely no other sources of funding for hearing aids. The program was established to provide audiology students at Dalhousie University with more hands-on experience fitting hearing aids while at the same time providing a service to the community.

Who is eligible to apply to the program?

Our program is strictly for low-income Nova Scotians who do not have any savings, investments or other sources of funding that they can use for hearing aids. Their annual household income must be **less than \$25,000 for a single-person family or less than \$40,000 for a two-person family**.

In addition, eligible applicants must have at least a moderate degree of hearing loss in *both* ears. **This will be determined by the referring audiologist based on the hearing test results. Prior to applying to the program, you must have a hearing test performed by an audiologist.** To book a hearing test, contact the Nova Scotia Hearing and Speech Centres (1-888-780-3330) or contact a private clinic of your choosing.

Does every person who is eligible to apply to the program get hearing aids?

Unfortunately, no. There are many people who apply to our program, and we are not able to provide hearing aids to everyone who is eligible. Our program does not receive funding from the government, and we have very limited resources. The number of people we can help depends on the number of donated hearing aids and other resources that we have available. Therefore, meeting the eligibility criteria does not automatically guarantee that you will get hearing aids.

How do you choose who gets hearing aids?

The hearing aid recipients are selected based on the greatest hearing needs as determined by the information gathered from the application process. Therefore, it is very important to give as much information as possible when completing your application. There are many people who apply to our program and unfortunately, we are not able to provide hearing aids to everyone who applies.

Are there any fees involved with getting hearing aids from your program?

Yes. If you are approved to receive donated hearing aids, you will be responsible for paying an **\$80.00 non-refundable fee** payable at the first appointment, and the cost of batteries. There is no fee to apply to the program.

How Do I Apply?

You must be referred by an audiologist to apply to our program. The audiologist will do a hearing test if you are eligible to apply, the audiologist will give you an application form. You may also bring an application form with you to your initial appointment.

Application forms may be found/requested:

Website: at <https://www.dal.ca/faculty/health/scsd/speech-and-audio-clinics/Hear-at-Dal.html>

Phone: (902) 494-5155

Email: hear@dal.ca

To make an appointment with an audiologist for a hearing test, contact the Nova Scotia Hearing and Speech Centres (1-888-780-3330) or a private clinic of your choosing. There is no cost for the hearing test if it is done at the Nova Scotia Hearing and Speech Centres.

What supporting documents do I need to send along with my application form?

- You must submit a copy of your hearing test results
- You must provide proof of your income eligibility by attaching the following two documents with your application form:
 1. Your most recent Canada Revenue Agency (CRA) Notice of Assessment to verify your personal income, AND
 2. Page 1 of your most recent T1 form (Income Tax and Benefit Return) to verify your spouse/common law partner's income if applicable. If you need assistance with this, contact Canada Revenue at 1-800-959-8281.

Incomplete applications will not be accepted so please make sure you include everything that is required.

After I send in my application, when will I hear from the Hear@Dal Program?

It could take several months or longer before you hear from us. **We will communicate with you when/if we have hearing aids available for you.** It is important that you keep us updated with any changes in phone number or address. Call us at 902-494-5155 or email hear@dal.ca to update your contact information if needed.

If I'm accepted to receive hearing aids, where will my appointments be?

If you are accepted into the program, you will need appointments for a repeat hearing test (generally, if the hearing test results you submitted with your application are more than 6 months old), for the hearing aid fitting, and for follow-ups. These appointments will occur at Dalhousie University's School of Communication Sciences and Disorders in Halifax. Follow-ups outside of these initial appointments will occur at Dalhousie University or at Nova Scotia Hearing and Speech Centres with whom we are affiliated.

How long will I have to wait?

We receive many applications to this program. While we wish we could provide all qualified applicants with hearing aids within a short time after receiving their application, it is not possible. Wait times depend on hearing aid donations and resources of our clinic. It is important to keep in mind that submitting a completed application and meeting the program criteria does not guarantee you will receive a hearing aid within the year that you apply.

Where do you get hearing aids?

We receive hearing aids from several sources. Some of our hearing aids we receive directly from hearing aid manufacturers. Alternatively, some of our hearing aids come from the Lions Clubs in Nova Scotia, that collect used hearing aids for our program. We also receive some donated hearing aids from private donors. While we very much appreciate all used hearing aid donations, we are only able to refurbish a small proportion of the hearing aids. Some are not working well or are too old to be re-fitted. The hearing aids that can be refurbished are the kinds that fit behind the ear.

APPLICATION FORM**Can I apply to the Hear@Dal Program?**

The Hear@Dal Program is for people who have a household annual income of **\$25,000 or less (one-person household)**, or a household income of **\$40,000 or less (two-person household)**, AND who have no other source of funding for hearing aids.

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Postal Code: _____

Town/City: _____ Phone number: _____

Alternate contact person and phone number (optional) _____

Work Status (full-time, part-time, retired, disability): _____

Occupation: _____ Email address (if any): _____

Please answer “yes” or “no” to the following questions.

Are you under the age of 21 and still in school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in college or university?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you eligible for First Nations and Inuit Health Branch (FNIHB) non-insured health benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you unable to work because of a long-term disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you ever work around loud sounds or have an ear related workplace injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered “no” to each one of the questions above, then you are eligible to apply to the program.

For any questions where you answered “yes”, please ask your audiologist about other possible source of funding for hearing aids. If you have been denied funding by another agency, you may still apply to the Hear@Dal program if you provide supporting documents such as a copy of the letter informing you that you were denied hearing aids from another agency.

Do you receive Income Assistance (IA) from Community Service - Government of NS?

☐ **Yes** ☐ **No**

If yes:

Caseworker's name: _____ Phone Number: _____

Is your hearing loss related to your previous or current workplace?

☐ **Yes** ☐ **No**

If yes, have you applied to the Worker's Compensation Board for hearing aids?

☐ **Yes** ☐ **No** ☐ **Denied Funding** ☐ **Not Eligible to Apply**

Medical Clearance

Name: _____

Date of Birth: _____

If your audiologist checked "Yes" in the box below, you will need to see an Ear, Nose, and Throat doctor (ENT specialist) before sending your application to the Hear@Dal program. ***Please bring this form to your appointment so that the ENT doctor can sign it.***

If your audiologist checked "No" in the box below, please send this form along with the rest of your application to the Hear@Dal program.

To be filled out by the referring audiologist

Does the above applicant to the Hear@Dal program require an ENT consultation prior to hearing aid fitting?

Yes ☐No ☐_____
Audiologist's Name_____
Audiologist's signature_____
Audiologist's contact information**To be filled out by the ENT specialist (if required)**

I _____ (doctor's name) give the Hear@Dal program the authority to proceed with hearing aid fitting if the applicant is accepted into the program.

Signature of ENT specialist_____
Date

If you have any questions, please contact Dr. Sarah Wilson at Dalhousie University (902-494-5155) or the above referring audiologist.

Financial Information**Do you live with:**

- | | |
|--|---|
| <input type="checkbox"/> Husband/Wife/Common law partner | <input type="checkbox"/> Family (example your child) |
| <input type="checkbox"/> Friend(s) or roommates | <input type="checkbox"/> In an extended care facility |
| <input type="checkbox"/> By yourself | |

Do you pay either rent, room and board, or a mortgage? ☐Yes ☐No**Household Annual Income:**Your annual net income (after deductions): \$ _____
*From your Notice of Assessment*Your spouse/common law partner's annual net income: \$ _____
From page 1 of your T1 Income Tax and Benefit Return form

Total household income: \$ _____

Household Assets: (for yourself and your spouse/partner if applicable)

Savings (from bank accounts): \$ _____

RRSP/Bonds/Investments: \$ _____

Provide any additional information that you would like the Hear@Dal program to consider (for example, any medical expenses that you have).

I declare that the information given above is a complete and accurate statement of my household income.**Applicant's Signature:** _____**Spouse/partner's Signature (if applicable):** _____

The following documents **MUST** be submitted with your application:

1. A photocopy of your hearing test results
2. The following two financial documents:
 - a. A photocopy of your most recent Notice of Assessment (provided by Canada Revenue Agency)
 - b. Photocopy of page 1 of your most recent T1 form (Income Tax and Benefit Return) to verify your spouse/common law partner's income if applicable
3. The "Medical Clearance Form" signed by your audiologist or and Ear, Nose, Throat (ENT) doctor.

If you do not submit these documents your application will NOT be considered

Have you applied to any other organization for hearing aids? ☐Yes ☐No

If yes, name of the organization or agency: _____

Have you worn hearing aids before? ☐Yes ☐No

If yes, are your hearing aids more than 5 years old? ☐Yes ☐No

If your hearing aids are less than 5 years old, have you contacted your audiologist / hearing instrument specialist to find out if your hearing aids can be adjusted or repaired?

☐Yes ☐No

Please explain how hearing loss is affecting your life (at work, with family, etc):

Hearing Handicap Inventory (Screening version)

Instructions: The purpose of this questionnaire is to identify the problems that your hearing loss may be causing you. Answer YES, SOMETIMES, or NO for each question by putting a checkmark in the appropriate box.

	YES	SOMETIMES	NO
Does a hearing problem cause you to feel embarrassed when you meet new people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing problem cause you to feel frustrated when talking to members of your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have difficulty hearing when someone speaks in a whisper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel challenged by a hearing problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing problem cause you to attend religious services less often than you would like?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing problem cause you to have arguments with family members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing problem cause you difficulty when listening to the TV or radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel that any difficulty with your hearing limits or hampers your personal or social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT INFORMATION About The Hear@Dal Program

If you are approved to receive donated hearing aid(s), you will be responsible for the following fees:

- \$80.00 fee
- Cost of batteries, that you will need to purchase outside of our program
(we do not sell hearing aid batteries)

Read and sign the next page, and mail your completed application (6 pages) to:

Hear@Dal Program
School of Communication Sciences and Disorders
Dalhousie University
5850 College Street, 2nd Floor
PO Box 15000
Halifax, Nova Scotia
B3H 4R2

Remember to include the following:

1. A copy of your hearing test results
2. Medical Clearance Form (if required)
3. Your Notice of Assessment from Revenue Canada
4. Page 1 of your T1 Tax and Benefit Return form to verify your spouse/common law partner/s income if applicable

Hear@Dal Program Declaration

"I declare that the information given in this application is a complete and accurate statement of my financial status, and I hereby request consideration for hearing aids from the Hear@Dal program"

"I understand that the submission of false information will result in the disqualification of my application."

"I understand that all personal, medical, and financial information submitted with this application will be kept confidential by any and all persons involved in the Hear@Dal program."

"I give permission to the Hear@Dal program to contact my referring audiologist and Community Service Caseworker (if applicable) as required."

"I understand that audiology students will be involved in the hearing aid fitting and that they will be under the supervision of a licensed audiologist at all times."

"I agree to return the hearing aids to the Hear@Dal program if at any time in the future I no longer require these hearing aids or can purchase my own. I acknowledge that I am responsible for the cost of the administration fee (\$80.00 payment at first appointment) and the cost of batteries."

"I understand the hearing aids used in this program may be used/donated. The hearing aids have been checked, and successful applicants will be given working hearing aids. However, hearing aids may not come with a warranty. There is no guarantee as to how long the hearing aids will last. In any case where a hearing aid stops working within a 12-month period, every effort will be made to find a replacement at no additional cost. After 12 months, I understand that I will need to consult with the managing audiologist, pay the administration fee if replacing one or both hearing aids."

"I understand that if I lose a hearing aid, I will need to consult with the managing audiologist and if approved, pay the administration fee again for a replacement hearing aid."

By signing, I give permission for Hear@Dal to contact my referring audiologist, ENT physician or my alternative contact person listed.

Signature: _____

Date: _____

The Hear@Dal Program would like to thank the Nova Scotia Hearing and Speech Centres, the Society of Deaf and Hard of Hearing Nova Scotians (SDHHNS), and the Lions Club of Nova Scotia for their ongoing support and dedication.

