

Dalhousie Hearing Aid Assistance Program Application Form

This application form is for adults (18+) who receive Income Assistance benefits (IA) – from the Dept of Opportunities and Social Development (formerly Community Services) and who need a hearing assessment and/or hearing aid services. All audiological services are supervised by regulated audiologists at Dalhousie University's School of Communication Sciences and Disorders located in the Sir Charles Tupper Medical Building. Master's level Students receive training and may be involved in many aspects of service provision. "Clinicians in training" are always supervised by the attending regulated Audiologist.

Applicant Information

Last Name: _____ First Name: _____

Address: _____ Apartment #: _____

Phone (check primary): (Home) _____ (Cell) _____

Town/City: _____ Postal Code: _____

Email address: _____

Work Status: full-time part-time unemployed retired disability

Occupation: _____

Primary Care Provider: _____ Date of Birth (DD/MM/YYYY): _____

Name of IA Caseworker: _____ Phone Number: _____

Office Location: _____ *(Your caseworker will be contacted to verify your eligibility)*

Have you worn hearing aids before? Yes No

Do you require a language interpreter? Yes No

If yes, what language? _____

Do you require any support to get to appointments? (eg Access-a-bus) Yes No

If yes, what kind of support? _____

Hearing Questionnaire

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

	YES	SOMETIMES	NO
<i>Does a hearing problem cause you to feel embarrassed when meeting new people?</i>			
<i>Does a hearing problem cause you to feel frustrated when talking to members of your family?</i>			
<i>Does a hearing problem cause you difficulty hearing/understanding friends or co-workers?</i>			
<i>Do you feel disadvantaged by a hearing problem?</i>			
<i>Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbours?</i>			
<i>Does a hearing problem cause you difficulty in the church, movies or theatre?</i>			
<i>Does a hearing problem cause you to have arguments with family members?</i>			
<i>Does a hearing problem cause you difficulty when listening to the TV or radio?</i>			
<i>Do you feel that any difficulty with your hearing limits or hampers your personal or social life?</i>			
<i>Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?</i>			

Consent

"I declare that the information given in this application is accurate to the best of my knowledge, and I hereby request audiologic services from the Dalhousie Hearing Aid Assistance Program."

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

"I understand that all personal and medical information submitted with this application will be kept confidential by any and all persons involved in the Dalhousie Hearing Aid Assistance Program and the NS Department of Opportunities and Social Development."

"I give permission to the Dalhousie Hearing Aid Assistance Program to contact my IA Caseworker to determine program eligibility and/or my referring audiologist and/or my family doctor as required for hearing healthcare."

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

"I agree to return the hearing aids to the Dalhousie Hearing Aid Assistance Program if at any time in the future I no longer require these hearing aids."

"I agree to attend all appointments to ensure I receive full benefits of the assessment and services provided by the Dalhousie Hearing Aid Assistance Program."

"I agree to participate in the evaluation process of the Dalhousie Hearing Aid Assistance Program."

Signature: _____ **Date:** _____

Sign and mail your completed application to:

Dalhousie Hearing Aid Assistance Program
School of Communication Sciences and Disorders
Sir Charles Tupper Medical Building
5850 College Street, 2nd Floor
PO Box 15000 Halifax, Nova Scotia, B3H 4R2

If you require assistance:

Phone: 902-494-2978
Email: dhaap@dal.ca
Fax: 902-494-5151

NO PHYSICIAN REFERRAL IS NECESSARY