



UW SPEECH AND HEARING CLINIC (UWSHC) HEARING AID RECYCLING PROGRAM

Information and Application Form

MISSION STATEMENT

The mission of the UW Speech and Hearing Clinic Hearing Aid Recycling Program (UWSHC HARP) is to provide reconditioned hearing aids to low-income persons. Behind-the-ear type hearing aids, earmolds, and batteries will be provided at low to no cost to persons meeting the program's financial guidelines and who are not eligible to obtain a hearing aid through any private or governmental agency or insurance provider.

ELIGIBILITY & PROCESS

The UWSHC Hearing Aid Recycling Program is designed to assist those who have no other resource available to them. Therefore, HARP is a program of last resort. Other options for assistance include private insurance, state Medicaid programs, BadgerCare, Vocational Rehabilitation, Veterans Administration, church groups, family or friend assistance, or other state or local programs. Preference will be given to persons living in Dane county and surrounding communities.

If an applicant has family support or funds in money market accounts, mutual funds, 401(k) plans, IRAs, certificates of deposit (CDs), checking/saving accounts, stocks, bonds or T-bills, this may not be the program for you. HARP considers all these when determining eligibility.

Once the potential recipient has been passed the financial screening, s/he will be seen at the University of Wisconsin Speech & Hearing Clinic for audiological exams, paid for by the HARP fund. This fund was established by the Sertoma Club of Madison.

Audiologic Criteria: Moderate to profound bilateral hearing loss will be given highest priority due to the significant impact on communication, in accordance with Audiologist's recommendation to achieve reasonable benefit to the hearing aid recipient.

ABOUT THE UWSHC

The UW-Madison Speech Hearing Clinic is a teaching clinic for the UW-Madison Department of Communicative Disorders. The clinic provides a full range of hearing evaluation, hearing aid fitting, and follow-up services. The clinic is located on UW-Madison's campus, with free parking conveniently located directly outside the building. The UWSHC is a non-profit clinic. All clinic providers are committed to providing top-quality care to our patients while educating future audiologists. Patients seen through the HARP program will work with a licensed audiologist and an audiology doctoral student.

The UWSHC Hearing Aid Recycling Program provides hearing aids to those with very limited financial resources. If, after careful review of your situation, you feel you are eligible, please complete the application and send it to the address on the next page.

The UWSHC HARP program has limited resources and will attempt to accommodate as many persons with the most needs as reasonable. Questions can be directed to 608-890-1504.

INSTRUCTIONS

1. Review the income and financial criteria below and consider it prior to completing and sending in the application form.
2. Send all application materials to:
Dr. Melanie Buhr-Lawler
Audiology Clinic Coordinator
365 Goodnight Hall
1975 Willow Drive
Madison, WI 53706

Applications are processed as they are received. **Once you mail your application, please wait at least six weeks before you call for a status check.**

INCOME & FINANCIAL CRITERIA

All income figures are GROSS. Recipients must make no more than the suggested yearly income and not be eligible for a hearing aid through any other program. Size of family unit is defined as the number of people financially dependent on each other.

Income guidelines (below) can be read as the following example: If the yearly income for a family of 2 is over \$36,425 a year, then the applicant is not eligible for a hearing aid through HARP.

Size of Family Unit	Income Guideline
1	\$27,075
2	\$36,425
3	\$45,775
4	\$55,125
5	\$64,475
6	\$73,825
7	\$83,175
8	\$92,525

NOTE: For family units with more than eight members, add \$7,445 for each additional member.

Again, the income guideline figures are gross. Possible sources of income include:

- Alimony
- AFDC
- Black Lung payments
- Child Support
- Disability
- Interest from Stocks, IRAs, 401(k)s
- Old Age Pension
- Public Assistance
- Social Security and SSI
- VA pension
- Wages
- Welfare
- Work pension

The UWSHC will also take into account assets/savings. Possible assets include:

- Accounts
- Annuities
- CDs
- Checking
- IRA/401(k)
- Life Insurance
- Money Market
- Savings
- Stocks/Bonds

GENERAL INFORMATION

Applicant's Name: First: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ [] Male [] Female

Mailing Address: Street: _____ Apt #: _____

City: _____ County: _____ State: _____ Zip: _____

[] Own Home [] Rent [] Other (please explain): _____

Home Phone: _____

Marital Status: [] Married [] Single [] Divorced [] Widowed [] Separated

Number in Household: _____ Number of Family Members Dependent Upon Applicant: _____

Employment Status: [] Employed [] Other [] Retired

Name of current Employer: _____

Phone: _____ How long have you been employed there? _____ (Years/Months)

Is Applicant a Medicaid recipient? [] Yes [] No

Does Applicant purchase supplemental health insurance? [] Yes [] No

Does Applicant have health benefits covering hearing aids? [] Yes [] No

If yes, what percentage or dollar amount does the plan cover? _____

Person, if other than applicant, completing this form. (If Minor, list Parent/Guardian's Information):

Name: _____ Relationship to Applicant: _____

Phone: _____

INCOME (If Minor, list Parent/Guardian's Information)

Be sure to include all sources of income (see page 2) for all members of the family.

YEARLY INCOME:
All Social Security of Family \$ _____
From Work: \$ _____
Other Income: \$ _____
TOTAL: \$ _____

CURRENT NET WORTH:
Home Assessed Value: \$ _____
Assets/Savings: \$ _____
Other: \$ _____
Total: \$ _____

SIGNATURE & RELEASE

I understand that the information submitted about my family, medical and insurance coverage, annual income resources and net worth are subject to verification by the UWSHC. Verification will be done by phone, letter, e-mail, or credit check. I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance.

Signature: _____ Date: _____

