

HMA Hearing Aid Bank Application Form

Independent application

Surname: _____ Given Name: _____

Mr./Mrs./Miss./Ms. _____ E-mail: _____

Phone/Mobile: _____ Language(s) Spoken: _____

Address: _____

Contact person (speaking English) for appointment arrangements (if not the above applicant):

Name: _____ Mobile: _____

I wish to apply to be fitted with one/two behind-the-ear hearing aid(s) from the Hearing Matters Australia Hearing Aid Bank.

The following documents are enclosed:

☐ A copy of my Centrelink Health Care Card (Seniors Health Card is NOT eligible) OR a copy of last year's Tax Assessment showing income under \$50K

☐ A referral letter from a medical practitioner confirming examination and stating no medical condition exists that requires treatment before considering hearing aids

☐ A copy of the recent audiogram obtained from an audiologist within the last 6 months

☐ I am able to attend in the Sydney area on three occasions, once for a hearing test and twice for the fitting of the hearing aid(s)

I fully understand that the services I receive under the Hearing Aid Bank scheme are limited to persons not eligible for the government funded Hearing Services Program (HSP), unable to pay for, or receive from other sources, this assistance.

In consideration of such services, I hereby release and discharge all persons rendering such services from all claims I might have, arising from the services so rendered.

I undertake to pay an application fee of \$45 upon lodgement of documents to Hearing Matters Australia and a further fee of \$320 for fitting one hearing aid, \$420 for fitting two hearing aids to MQ Health Speech and Hearing Clinic (SHC). A hearing assessment is required at SHC, the hearing assessment fee is \$80 under this HAB program to SHC.

Signature of Applicant

Date of Application