

REFERRAL INFORMATION

How did you hear about this program?

- Flyer Online Search Audiologist Speech Therapist School Teacher of the Deaf
 Other (Please Describe): _____

REQUIRED DOCUMENTS

Please remember applications will be processed in order of completion only after all required documentation has been received.

I understand this application will not be processed without the following documentation:

- Medical Clearance for Hearing Aids Recent Audiogram
 Proof of School Enrollment or Birth Certificate if not yet in school

- I affirm that all the information in this application is true to the best of my knowledge. I understand that all information here will be shared with the Indiana State Department of Health.
- I understand that HAAPI administrative staff will discuss my application with the audiologists listed on this application and that this release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law.
- I understand that HAAPI only covers approved hear aids, earmolds, and fitting fee. Any follow up appointments will be billed to my insurance.
- I understand that audiologists will NOT bill me for hearing aids, fitting fees, or my insurance deductible.

Parent/Legal Guardian Signature

Date

Email, scan, fax, or mail this application and supporting documents to:

Hear Indiana
ATTN: HAAPI
4740 Kingsway Dr., Ste. 33
Indianapolis, IN 46205

info@HAAPindiana.org
Fax: 888-887-0932
Questions? Call 317-828-0211