2071 North Bechtle Avenue,
Unit 216
Springfield, OH. 45504
chasing.greatness21@gmail.com
(937)631-7306

Hearing Aid Application

Childs' Information

Childs Name: _____ Date of Birth:_____
Sex: _____

If your child is under the age of 3, is your child receiving services from an early intervention program?
Yes _____No_____

Age of hearing loss diagnosis: _____
Age of child for first pair of hearing aids:_____

Parent/Guardian Information

Parent Name(s):_____
Telephone Number:_____

Street Address:_____
City/St/Zip:_____

Email Address:_____
Relationship to child: _____

Income

Chasing Greatness will be in contact with the Audiologist/Hearing aid Fitter and must verify income to discuss the fee for audiological services. **You must submit documentation of your family income. Your application will not be processed without these documents.**

Please check that income verification has been attached to the form.

Total Number of people in Household: _____
_____ Most recent copy of tax return (federal or state/ 1040/1040A/1040EZ)
_____Pay Stubs (4 most recent)

Upon approval of this application, I agree to the following:

- To authorize the submission of my child's application, which includes a medical diagnosis and other information.
- To make the copayment, if any, to the Audiologist
- To allow a referral for my child to an early intervention program, if referral is recommended
- I affirm that the information provided is complete and correct to the best of my knowledge
- I understand that the above reference information will not be released to any other entity without additional written release authorization from me or other person having legal authority to provider such release or as required by law.

Signature of Parent/Guardian:_____ Date:_____

Application Process:

Chasing Greatness will accept an application from a family member, legal guardian or individual over the age of 18. Audiologists will need to complete the Audiologist Form and provide it to individuals to submit along with the application.

Applications can be mailed or emailed to Chasing Greatness

The following must be submitted with Chasing Greatness Application for consideration:

- A completed application
- An Audiogist's Medical Information form which includes :
    - Documentation of hearing loss
    - Audiologist's recommendation regarding the most appropriate type of hearing aid(s) for the applicant
    - An audiologist's estimated costs for the recommended hearing aid(s) and associated ear mold(s) and what is included in the purchase package.
- Verification of family income
- Copy of individuals' insurance information; if applicable
- Letter, Video message, artwork etc. of child's passions. (Why/How are you Chasing Greatness?)

Program Coverage:

-The Chasing Greatness program provides financial assistance to purchase hearing aid(s) and associated ear mold(s).
-If services and hearing aid costs are currently bundled together into one overall cost, these costs will need to be separated out.
-Chasing Greatness will make payment directly to the hearing aid provider. The recipient/applicant is financially responsible for any applicable balance not covered by the financial contribution provided by the program.
-Chasing Greatness Foundation is the payer of last resort. An applicant must exhaust any private health insurance as well as third party resources if applicable
-The recipient/applicant is financially responsible for other services not covered by the Chasing Greatness Program such as fitting/dispensince, replacement of ear molds, follow-up visits, etc.
-Recipient/applicant is responsible for daily care, maintenance, and repairs as needed