

HMA Hearing Aid Bank Application Form

Financial sponsorship referral

Surname: _____ Given Name: _____

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

Home Phone: _____ Mobile: _____

Address: _____ Language(s) Spoken: _____

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

Name: _____ Mobile: _____

I wish to apply to be fitted with one/two hearing aid(s) through the Hearing Matters Australia (HMA) Hearing Aid Bank:

The following documents are enclosed:

Copy of my Centrelink Health Care Card (if applicable) OR

Proof of low-income/no income status OR

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

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 request for financial support in this program due to my current financial hardship

Referral letter from the referring organisation endorsing my application for HMA's hearing aid bank program and financial assistance

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), NDIS, 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.

Signature of Applicant _____ **Date** _____

Referring Organisation _____

Person in charge of this application: _____

Phone: _____ Email: _____