c/o Chase Ross
8011 Roswell Road
Sherrodsville, OH 44675
Ph: 330-432-2732 email: cross@3leaf.solutions

Dear Applicant:

Thank you for contacting Sports for Sound for hearing aid assistance. Our goal is to provide hearing aids or assistive devices to clients that live in Tuscarawas or Carroll counties who meet the criteria and are selected by the Sports for Sound board of directors. Sports for Sound was designed to assist those who have no other resources to purchase hearing aids or assistive devices available to them (i.e., insurance coverage, Ohio Medicaid program, BCMH, or vocational programs)

Assistance is made available through donations from manufacturers, hearing healthcare providers and our annual Sports for Sound fundraiser. Your hearing healthcare provider is not reimbursed for his/her work and we deeply appreciate their time, effort and generosity. We hope that you will treasure their dedication and commitment in this endeavor.

*****Please complete the application and return to Chase Ross by August 5, 2024*****

c/o Chase Ross
8011 Roswell Road
Sherrodsville, OH 44675
Ph: 330-432-2732 email: cross@3leaf.solutions

*****Please complete the application and return to Chase Ross by August 5, 2024*****

APPLICATION FOR ASSISTANCE 2024

Name of applicant_____ Date of birth_____

Address_____ Phone_____

_____

Head of household, if applicant is a child _____

What type of assistance are you requesting? _____

_____

Name of your audiologist, hearing instrument specialist or physician _____

_____

Do you currently wear hearing aids? _____If so, how old are the aid(s)?_____

If not, have you worn aids in the past? _____

*******Copy of current hearing test and MEDICAL CLEARANCE must be included with the returned application*****

Please include a short statement of how amplification will/can help you or why assistance would be beneficial for you. _____

_____

_____

INCOME

If applicant is a minor, list Parent/Guardian's income information

List all sources of income (i.e., salary, social security, alimony, child support, pension, stock, bonds) for all in household

Applicant source of income:

1._____ $_____ Month or Year (circle one)

2._____ $_____ Month or Year (circle one)

3._____ $_____ Month or Year (circle one)

Spouse/Other source of income:

1._____ $_____ Month or Year (circle one)

2._____ $_____ Month or Year (circle one)

What is the name of your health insurance company? _____

Do they provide hearing aid benefits? _____ If yes, what benefit? _____

Is the applicant a Medicaid recipient? _____ Is the applicant a BCMH recipient? _____

Employment status: Employed Retired Student Other _____ (circle one)

Name of current employer _____ Phone _____

RELEASE OF INFORMATION

I understand that the information that I submit to SPORTS FOR SOUND concerning my annual income, family resources, insurance and financial information are subject to verification by SPORTS FOR SOUND. This verification will be done by phone, letter or email. ***I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance.***

Applicant name: _____ Spouse's name: _____

Date of Birth: _____ Date of Birth: _____

Applicant's signature:_____ Spouse's signature:_____

(If minor, Parent/Guardian signature required)