



c/o Chase Ross  
8011 Roswell Road  
Sherrodsville, OH 44675  
Ph: 330-432-2732 email: [cross@3leaf.solutions](mailto: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, 2022\*\*\***



[www.sportsforsound.com](http://www.sportsforsound.com)

c/o Chase Ross

8011 Roswell Road

Sherrodsville, OH 44675

Ph: 330-432-2732 email: [cross@3leaf.solutions](mailto:cross@3leaf.solutions)

**\*\*\*Please complete the application and return to Chase Ross by August 5, 2022\*\*\***

### APPLICATION FOR ASSISTANCE 2022

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)**