

Hearing Aid Assistance Application

Please read this page before completing the application.

Our purpose

The Live Better Foundation helps qualified individuals who lack access to hearing aids through insurance, family support, vocational rehabilitation, veterans' benefits, community organizations, or other programs.

HOW THE PROGRAM WORKS

- Submitting an application begins the eligibility review; it does not guarantee approval.
- Hearing aids are provided through donations from individuals and industry partners. Device selection depends on available inventory, hearing loss, clinical needs, and compatibility.
- Refurbished devices are professionally cleaned, checked, and programmed by a hearing-care professional.
- Approved devices include a six-month repair warranty. Loss and damage are not included; optional coverage may be available through the fitting provider.

PROCESSING FEE

The application processing fee is \$150 for one hearing aid or \$300 for two hearing aids. Pay by cashier's check or money order to Live Better Foundation. Personal checks are not accepted.

The fee is refundable if the application is denied or if the applicant cancels before receiving hearing aids.

BEFORE YOU SUBMIT

- ☐ Completed and signed application
- ☐ Recent hearing test, if available
- ☐ Income documentation (W-2, tax return, benefit statement, pay stubs, or recent bank statement)
- ☐ Cashier's check or money order for the applicable processing fee
- ☐ Medical clearance, if completed or requested

Privacy

Application information is used only to evaluate eligibility and coordinate assistance. Financial documents will be handled securely and destroyed when no longer needed for the review process.

Applicant and Household Information

Complete all fields. Write N/A when a question does not apply.

APPLICANT

First name

Last name

Date of birth (MM/DD/YYYY)

Email address

Mailing address (street, city, state, ZIP)

Cell phone

Secondary phone

PERSON COMPLETING THIS FORM

Name

Relationship to applicant

Preferred contact method

☐ Text

☐ Phone

☐ Email

☐ Mail

HOUSEHOLD AND FINANCIAL INFORMATION

Eligibility is based on the Foundation's current income guidelines and available resources. Guidelines may be updated periodically; Foundation staff will apply the criteria in effect when the application is reviewed.

Number of people in household

Approximate annual household income

Income documentation included (check all that apply)

☐ W-2

☐ Tax return

☐ Pay stubs

☐ Benefit statement

☐ Bank statement

☐ Other

Anything else we should consider regarding financial need or access to other assistance?

Hearing, Insurance, and Device Preferences

Preferences help guide selection but cannot be guaranteed; available inventory and clinical needs determine the final device.

HEARING INFORMATION

Approximate date of last hearing test

Hearing-care provider or clinic

A copy of the most recent hearing test is

☐ Included

☐ Not available / will follow

Hearing aid requested for

☐ Both ears

☐ Right ear only

☐ Left ear only

Briefly describe your hearing difficulties, current or previous hearing aids, and the situations in which you need the most help.

INSURANCE AND OTHER RESOURCES

Current medical or hearing coverage (check all that apply)

☐ Medicare

☐ Medicaid

☐ CareFirst/BCBS

☐ UnitedHealthcare

☐ Aetna

☐ Cigna

☐ TRICARE/VA

☐ None

☐ Other

Other insurance or assistance program

Member ID (optional)

DEVICE PREFERENCES

Select any styles you would be willing to use. The Foundation cannot guarantee a particular style, brand, color, feature set, or rechargeable device.

☐ Behind-the-ear (BTE)

☐ Receiver-in-canal (RIC)

☐ In-the-ear (ITE)

☐ No preference

Additional comments, dexterity or vision needs, phone compatibility needs, or other considerations

Medical Clearance or Applicant Acknowledgment

Complete one option. The Foundation may request additional medical evaluation when clinically appropriate.

OPTION 1 - MEDICAL CLEARANCE

To be completed by a physician or other qualified medical professional.

Date

Applicant name

I have medically evaluated the applicant named above. Based on that evaluation, the applicant may be considered for hearing aid use. Any conditions requiring treatment or follow-up have been discussed with the applicant.

Clinician name and credentials (print)

Practice name, address, and telephone

Clinician signature

Date

OPTION 2 - ADULT APPLICANT ACKNOWLEDGMENT

For an adult applicant who is not submitting medical clearance.

I understand that a medical evaluation may help identify conditions related to hearing loss and may be recommended based on my symptoms or clinical history. I understand that the Foundation or fitting provider may require medical evaluation before proceeding when clinically appropriate. I choose to proceed with the application without submitting medical clearance at this time and agree to seek medical care if advised.

Applicant name (print)

Date

Applicant signature

Authorization and Submission

Review the application, sign below, and include all required supporting documents.

AUTHORIZATION

- ☐ I certify that the information in this application is complete and accurate to the best of my knowledge.
- ☐ I authorize the Live Better Foundation and its agents to verify information related to household income, family size, available resources, insurance, medical history, and hearing needs for the purpose of evaluating this application.
- ☐ I understand that knowingly omitting or providing false information may result in denial or termination of assistance.
- ☐ I understand that submitting this application does not guarantee approval or a particular hearing aid, style, brand, feature, or delivery timeline.

Printed name

Date

Applicant or authorized representative signature

FINAL SUBMISSION CHECKLIST

- | | |
|---|--|
| ☐ All application sections completed | ☐ Application signed |
| ☐ Income documentation enclosed | ☐ Hearing test enclosed, if available |
| ☐ Medical clearance completed, if applicable | ☐ Processing fee enclosed |

Mail the completed application and supporting materials to:

Live Better Foundation
22505 Gateway Center Drive, #1746
Clarksburg, MD 20871

Questions?

info@LiveBetterFoundation.org

Applications may be delayed if required information or documentation is missing. Foundation staff will contact the applicant or authorized representative regarding next steps.