

Application for a Sound Processor (aka BAHA device)

If you or a loved one has Microtia Atresia, and in need of a Sound Processor, please complete the following application for consideration. 2 Ears 2 Learn receives used sound processors from donors all across the United States. These used sound processors are then sent to the manufacture to be refurbished prior to us providing them to children in need.

For consideration, please complete the application as complete as possible. The child must have Microtia Atresia and be under 10 years of age. Those with the greatest need are given the highest priority. Due to demand, not all applications will be approved.

This is a needs based program and therefore financial and healthcare insurance information is required in order for us to make a final determination. However, you are encouraged to complete the application regardless of your financial situation and your healthcare insurance situation as we might be able to find other resources to help you.

PATIENT/CHILD INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____

Which ear needs a sound processor (Right, Left, or Both): _____

Do you require a soft headband? _____

Do you currently have a sound processor? _____

If yes, which Make: _____

Model: _____

Please add a couple of paragraphs about your child so we can better understand their specific need:

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Email 1: _____

Phone 2: _____ Email 2: _____

Does the Patient/Child live with you? _____

Parent/Guardian #2

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Email 1: _____

Phone 2: _____ Email 2: _____

Does the Patient/Child live with you? _____

FINANCIAL INFORMATION

What is your estimated yearly gross household income (before all taxes and deductions)? _____

We may require a copy of your Federal Tax Return for verification.

Number of people living in the household as stated on your Federal Tax Return: _____

We may require a copy of your Federal Tax Return for verification.

Have you sought assistance and been approved by other public or private sources? _____

SCHOOL INFORMATION

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone 1: _____ Email 1: _____

Phone 2: _____ Email 2: _____

School Contacts (please add teachers, administrators, specialist, etc.):

Do we have your permission to contact the school? _____

Healthcare/Insurance Information

Do you currently have Health Insurance? _____

If Yes, which company? _____

Insurance ID#: _____

If Yes, have you previously been denied coverage for a sound processor? _____

If Yes, would you like us to contact them and try to get an approval? _____

Has the Patient/Child had an Audiogram within the last 2 years? _____

Does the Patient/Child currently have an Audiologist and/or Otolaryngologist? _____

If yes, please tell us who:

Name: _____ Phone: _____

If no, would you like us to refer you to one? _____

By submitting this application I/we acknowledge a 2 Ears 2 Learn representative will contact me via phone and/or email to discuss the application and I/we give my/our consent to such contact even if we are on the National-Do-Not-Call List. I/we also acknowledge that additional supporting documentation (tax returns, consent forms, etc.) may be required in order for 2 Ears 2 Learn to fully process this application. I/we also acknowledge that 2 Ears 2 Learn does not guarantee this application will be accepted and I/we agree to accept the determination of 2 Ears 2 Learn as final and without further action.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____

Please use one of the following methods to submit your application:

Mail to:

2 Ears 2 Learn
100 E. Idaho Street #318
Boise, ID 83712

Fax to:

(208) 433-1738

If you have any questions please feel free to contact us by phone at (208) 949-6975