

**Virginia Department of Health  
Division of Child and Adolescent Health  
Virginia Early Hearing Detection and Intervention Program**

**VIRGINIA HEARING AID LOAN BANK  
LOAN APPLICATION FORM**

The purpose of this program is to provide temporary hearing aids and FM systems for children with hearing loss, who are under the age of 18, while they are waiting to receive their personal amplification devices. Please contact the Virginia Hearing Aid Loan Bank at 434-924-0222 or 1-866-596-9367 if you have any questions.

Please complete Parts A-D of this application and return to:

**Blue Ridge Care Connection for Children**

**C/o Lisa Powley**

**853 West Main Street, Ste. 104**

**Charlottesville, VA 22903**

**Phone: (434) 924-0222 Fax: (434) 924-0390**

**Toll free: 866-596-9367**

**The information contained on this form will be kept confidential.**

**PART A - To be completed by the referring audiologist**

**Referring Audiologist Information**

Audiologist Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ VA Audiology License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Audiologist Email: \_\_\_\_\_

Fitting Date: \_\_\_\_\_

**Child's Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City/County of Residence: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Virginia Hearing Aid Loan Bank  
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**PART B - To be completed by the referring audiologist**

In order for this request to be processed, a copy of any audiologic testing, medical clearance from the child's ENT, and an agreement form signed by the parent or legal guardian must be provided with this application. Please make copies or fax, as this paperwork will not be returned.

Was this child referred to you based upon the newborn hearing screening protocol?

Yes \_\_\_ No \_\_\_

If yes, from which hospital \_\_\_\_\_

What is the configuration and degree of hearing loss?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a binaural or monaural fitting? \_\_\_\_\_

Please indicate the make and model of hearing aid(s) or FM system that you would like to fit as a loaner on this child, numbering preferences 1-3. PLEASE SEE ATTACHMENT FOR A LIST OF HEARING AIDS AND FM SYSTEMS AVAILABLE. While we cannot guarantee the availability, please be assured that every attempt will be made to match your request.

1 \_\_\_\_\_ 2 \_\_\_\_\_

3 \_\_\_\_\_

Please specify color # of the hearing aid(s) needed: \_\_\_\_\_

While we cannot guarantee the availability, please be assured that every attempt will be made to match your request.

For FM systems, please specify the make and model of hearing aid currently worn by the child.

\_\_\_\_\_

The instruments will be sent to the requesting audiologist ***within 5 days*** of receiving the application and required documentation. The hearing aid will be selected based on the information received, in consultation with the child's audiologist.

\_\_\_\_\_  
Audiologist Signature

\_\_\_\_\_  
Date

**Virginia Hearing Aid Loan Bank  
Loan Application Form**

**PART C - To be completed by the parent or legal guardian**

1. Please describe why you need to use the Virginia Hearing Aid Loan Bank.

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2. Do you now have insurance coverage that will pay for permanent hearing aid(s) or FM system for your child? If yes, has your insurance company been contacted to find out how to apply for coverage for the hearing aid(s) or FM system? Please give the insurance company name, and what you were told.

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3. Do you have insurance? YES NO If YES, name of your insurance company:

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4. Does your insurance cover hearing aids and/or FM systems? \_\_\_\_\_

5. Is your child currently eligible for Medicaid? If yes, has Medicaid been contacted to approve payment for the hearing aid(s)?

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6. Is your child currently eligible for FAMIS? If yes, has FAMIS been contacted to approve payment for the hearing aid(s)?

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7. Please describe why you need to borrow an FM system for your child.

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8. Do you need help in trying to get permanent hearing aids for your child?

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9. Is your child under the age of 3? YES NO

10. Is your child enrolled in early intervention? YES NO

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Signature of Parent/Legal Guardian

Date

**Virginia Hearing Aid Loan Bank  
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**PART D - To be completed by the parent or legal guardian**

**HEARING AID LOAN AGREEMENT**

\_\_\_\_\_ I AGREE THAT MY CHILD WILL RECEIVE LOANED HEARING AID(S) AND/OR FM SYSTEM(S) FROM THE VIRGINIA DEPARTMENT OF HEALTH, DIVISION OF CHILD AND ADOLESCENT HEALTH, VIRGINIA EHDI PROGRAM HEARING AID LOAN BANK.

\_\_\_\_\_ I AGREE TO GIVE THE REASONS WHY I AM ASKING FOR HELP FROM THE LOAN BANK.

\_\_\_\_\_ I AGREE THAT IT IS MY RESPONSIBILITY TO TAKE CARE OF THE HEARING AID(S) AND/OR FM SYSTEM(S) AND THAT I WILL HAVE TO PAY FOR ANY LOSS OR DAMAGE NOT COVERED BY THE WARRANTY, UP TO \$100.00. THIS DOES NOT INCLUDE NORMAL WEAR AND TEAR.

\_\_\_\_\_ I AGREE THAT MY CHILD CAN USE THIS/THESE HEARING AID(S) AND/OR FM SYSTEM(S) FOR UP TO 6 MONTHS. IF MY CHILD HAS NOT RECEIVED HIS/HER OWN HEARING AID(S) OR FM SYSTEM(S) WITHIN THAT TIME, I MAY ASK FOR A LOAN OF THREE MORE MONTHS BY SENDING IN AN EXTENSION AGREEMENT.

\_\_\_\_\_ I AGREE TO TRY TO GET PERMANENT HEARING AID(S) FOR MY CHILD.

\_\_\_\_\_ I AGREE THAT WHEN MY CHILD RECEIVES HIS/HER PERSONAL HEARING AID(S) AND/OR FM SYSTEM(S), I WILL RETURN THE LOANED HEARING AID(S) AND/OR FM SYSTEM(S) TO THE VIRGINIA HEARING AID LOAN BANK.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Date

# Attachment A

## **Phonak**

### **Hearing Aids**

Naida SP  
Naida UP  
UNA M  
UNA SP  
Nios III  
Milo Plus SP  
Picoforte

### **FM system**

Inspiro

## **Oticon**

### **Hearing Aids**

Vigo  
Vigo Pro  
Tego  
Tego Pro  
Hit  
Hit Pro  
SUMO DM  
GO  
Safari 300  
Safari 300-312  
Classic 380P

### **FM system**

Amigo