Application for Assistance

(PLEASE READ ENTIRELY BEFORE FILLING OUT THE APPLICATION!!!)

What is the Hearing and Speech Foundation?

The mission of the Hearing and Speech Foundation (HSF) is to empower financially challenged individuals with hearing and communication deficits to live their lives to the fullest. We accomplish our mission through the following ways: hearing aid financial assistance, research in auditory and speech perception, and hearing aid recycling. All hearing services from the Foundation are available to you, regardless of the challenging financial situation you may be experiencing. Too many people assume that their disadvantaged financial predicament prevents them from seeking and obtaining hearing aids. With the help of the Hearing & Speech Foundation, the joyful ability to hear and connect with the people around you can become a reality.

What services are received?

Hearing Aid Assistance

The Foundation provides hearing aids and hearing services, including hearing tests and customized ear molds or domes. All of the aids provided by the Foundation are behind-the-ear hearing aids. The type of hearing aids selected for you is determined only by our licensed audiologist or Hearing Instrument Specialist. The hearing aids we have available may be new or manufacturer refurbished. Other hearing aids donated through our Recycling Program may be available and will be thoroughly evaluated and reset to match your hearing loss.. All earmolds or ear domes are made or sized specifically for your ears.

The administering of the hearing test, the making of earmold impressions, and the final placement of the hearing aids typically take two sessions. At this time the aids become your property and financial responsibility. However, the HSF will provide two (2) free follow-up visits during the first year for minor adjustments, if needed.

Who is eligible and what is the cost?

Eligibility for our programs is determined by household income and extenuating personal and financial circumstances. We use the U.S. Department of Health and Human Services Federal Income Guidelines to determine client eligibility and fees for services. We accept clients whose gross annual household income follows the chart on the following page. **Fee payment is required at the time of service.**

What information do I need to apply?

A copy of the following documentation **must** be included with your completed application. Failure to do so will result in a delay in processing your application:

- A completed application for assistance (attached)
- **Verification of residency** You may submit a utility, cable or phone bill or a copy of your driver's license if the address is correct. (Must be a street address, no post office boxes)
- **Proof of household income** –and you may be asked to submit a Social Security statement (and/or SSI), WIC card, Housing Voucher, an alimony statement, VA benefits statement, retirement pension statement, retirement investment statement, disability income statement, check stub from your employer, or latest IRS 1040 tax return form.

The Hearing & Speech Foundation

2026 U.S. Department of Health & Human Services

Federal Income Levels – Dollars Per Year

Household Size	Annual Household Income Tier 1	Annual Household Income Tier 2	Annual Household Income Tier 3
1	$0 - $19,950	$19,951 - $31,920	$31,921 - $47,880
2	$0 - $27,050	$27,051 - $43,280	$43,281 - $64,920
3	$0 - $34,150	$34,151 - $54,640	$55,641 - $81,960
4	$0 - $41,250	$41,251 - $66,000	$60,001 - $99,000
5	$0 - $48,350	$48,351 - $77,360	$77,361 - $116,040
6	$0 - $55,450	$55,451 - $88,720	$88,721 - $133,080
7	$0 - $62,550	$62,551 - $100,080	$100,081 - $150,120
8	$0 - $69,650	$69,651 - $111,440	$111,441 - $167,160
Over 8	Add $5,680 for each additional person		

Instructions for filling out the application:

- Make sure all blanks and blocks are filled in. If a question does not apply to you, then write NA for "not applicable. **Please do not leave anything blank**.
- Make sure **ALL** verification documents are included with your application.
- Make sure you have signed all the signature locations.
- Services may be delayed if we have to contact you about missing documents or an incomplete application.
- Once your application is reviewed, our office will send a letter of your status with the Foundation.

You can submit your completed application by email, mail, fax or bring it directly to our office. If you have any further questions or need help completing an application, please contact our office. We will be happy to assist you.

Laura Grayble
Office Manager
1619 E. Broadway Ave Maryville, TN 37804
Phone: (865) 977-4574 / Fax: (865) 977-5444 / Email: lgrayble@handsf.org

Please fill out ALL the following information for services from the Hearing and Speech Foundation.

Which services are you applying for: ☐ Hearing Aid Assistance

Have you applied for Foundation services before? ☐ Yes ☐ No If yes, when? _____

CLIENT INFORMATION

Applicant's Name: _____ **Date of Application:** _____

Address: _____ **Applicant's Date of Birth:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Home phone: _____ **Work phone:** _____ **Employer:** _____

Cell phone: _____ **Email:** _____

Person completing application if not applicant: _____

Relationship to applicant: _____ **Contact Phone Number:** _____

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Single ☐ NA – Child

Gender: ☐ Male ☐ Female **Are you a U.S. Veteran?** ☐ Yes ☐ No

Are you currently receiving public assistance? ☐ Yes ☐ No

If yes, please list services you currently receive (such as SSI, TennCare, CoverKids, SNAP, WIC, Housing Voucher, Unemployment, etc): _____

Do you have a Case Worker, If so list contact information: _____

_____

Ethnicity: ☐ Caucasian (Non-Hispanic) ☐ African American ☐ Latino American ☐ Native American
☐ Hispanic American ☐ Asian American ☐ Other (please specify):_____

How did you find out about the Foundation?_____

FINANCIAL INFORMATION

Total number of individuals and dependents (including yourself) living in your home/household: _____

Do you have investment or retirement (pension, IRA, etc) accounts? ☐ Yes ☐ No
(If Yes, you must provide a statement showing value of the account)

Please list name, age & annual income of each on the next page and attach documentation:

1. _____, _____, $_____
   Name (Applicant) Age Annual Income
2. _____, _____, _____ $_____
   Name Age Relationship to applicant Annual Income
3. _____, _____, _____ $_____
   Name Age Relationship to applicant Annual Income
4. _____, _____, _____ $_____
   Name Age Relationship to applicant Annual Income
5. _____, _____, _____ $_____
   Name Age Relationship to applicant Annual Income
6. _____, _____, _____ $_____
   Name Age Relationship to applicant Annual Income
7. _____, _____, _____ $_____
   Name Age Relationship to applicant Annual Income
8. _____, _____, _____ $_____
   Name Age Relationship to applicant Annual Income

I certify the financial information provided on this application is true to the best of my knowledge AND I HAVE ENCLOSED DOCUMENTATION WITH THIS APPLICATION TO VERIFY MY HOUSEHOLD INCOME.

_____ _____

Applicant Signature **Date**

PLEASE BE SURE TO FULLY READ APPLICATION INSTRUCTIONS, COMPLETE, REVIEW, SIGN, AND DATE THE FORM

OBSERVATION AGREEMENT AND APPEARANCE RELEASE FORM:

There will be opportunities for the Foundation to observe and video and/or photograph applicant services. Allowing the Foundation to observe these services helps us to monitor programs and supplement reporting activity for funding---pictures always help tell the story. Please indicate whether you would allow the Foundation to observe and/or video/photograph your services.

I will allow the Foundation to observe me while receiving services. ☐ Yes ☐ No

I will allow the Foundation to video and/or photograph me receiving services for use in media presentations, social media, publications and fundraising. ☐ Yes ☐ No

HSF may contact me for research purposes, including, but not limited to, participation in studies and ongoing research programs. ☐ Yes ☐ No

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby grant the Hearing and Speech Foundation the right to release and broadcast my name, face, character, voice and/or likeness without any compensation of any kind. This release applies to, but is not limited to, usage in any print materials, brochures, print ads, commercials, promotional announcements, public service messages, or news programs.

I further consent to the reproduction and/or authorization by the Hearing and Speech Foundation to reproduce and use said videos and photographs and recordings of my voice, for use in all domestic and foreign markets. Further, I understand that others, with or without the consent of the Hearing and Speech Foundation may use and/or reproduce such photographs and recordings.

I hereby release the Hearing and Speech Foundation, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Print Name: _____

Signature: _____

Date: _____

If Model is under 18

I, _____, am the parent/legal guardian of the individual named above. I have read this release and approve of its terms.