**United Way Hearing Aid Bank Application**

Instructions: Please complete this form and mail it **with your proof of income to**:

John W. Keys Speech and Hearing Center

1200 N. Stonewall Ave Oklahoma City, OK 73117

(405) 271-2866 [phone]\* (405) 271-3360 [fax]

Last Name First Name Middle Initial

Date Address

City County Zip Code

Phone Email address Date of Birth

# of family members (including yourself) supported by income Total Monthly Income

How were you referred to this program?

Do you have a Smartphone? Yes No

Do you have access to a computer? Yes No

Do you have access to the Internet? Yes No

Have you ever worn hearing aids before? Yes No

Do you have ringing in the ears? Yes No

Do you have or have you had any of the following?

* Arthritis Yes No
* Cancer Yes No
* Diabetes Yes No
* High blood pressure Yes No
* High cholesterol Yes No
* Visual problems Yes No

Will you need accommodations in our clinic? Yes No

If so, How might we serve you best?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you need an interpreter or translator? Yes No

If so, what type?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**United Way Hearing Aid Bank**

John W. Keys Speech and Hearing Center

College of Allied Health

University of Oklahoma Health Sciences Center

(405) 271-2866

**Eligibility Criteria**

The United Way Hearing Aid Bank is a program of the John W. Keys Speech and Hearing Center on the OU Health Sciences Center campus. This program assists qualified individuals who will receive:

* Free diagnostic hearing test
* Digital hearing aids for $400 per hearing aid (with a 1- or 2- year warranty)
* Two- and four-week follow up appointments

Eligibility criteria for this program includes:

* Meeting the salary qualifications as outlined in the table below
* Residing in one of the counties served by the Central Oklahoma United Way (Canadian, Cleveland, Kingfisher, Lincoln, Logan, Oklahoma or Pottawatomie)
* Being > 18-years-old

**Income guidelines\* Proof of income (i.e., tax form or bank statements) is required!**

|  |  |
| --- | --- |
| Number of family members supported by income: | Monthly Income: |
| **1** | $1,878 |
| **2** | $2,540 |
| **3** | $3,203 |
| **4** | $3,865 |
| **5** | $4,527 |
| **6** | $5,189 |
| **7** | $5,851 |
| **8** | $6,513 |

\* Income guidelines are based on 175% of the 2021 Department of Health and Human Services (HHS) Annual Poverty Guidelines