



H.E.A.R. PROJECT APPLICATION SHORT FORM

This application is to be used when requesting assistance under \$200.00. For amounts over \$200.00, please use the H.E.A.R. Project long form available at www.coloradoaudiology.org or call (303) 527-1818 to request a copy. If you are Medicaid eligible, Medicaid should cover this funding. To find out if you are Medicaid eligible please call (303) 866-6010.

To qualify for assistance through the H.E.A.R. Project, the family total gross income should fall at or below these guidelines. Please circle the size of family and gross family income:

Size of Family	Annual Household Income
2	\$55,000
3	\$66,000
4	\$77,000
5	\$82,500
6	\$88,000
Each additional	\$ 5,500

Applicant's Name _____

Birthdate _____ Today's Date _____ Male/Female _____

Parent's Name(s) _____ Phone _____

Address _____

Family Combined Yearly Gross Income \$ _____

Release of Information

I understand that if I knowingly omit information or submit false information, consideration for assistance will be terminated. It may be necessary for a representative of the H.E.A.R. Project to communicate with your child's dispensing audiologist. Your signature grants permission to discuss your child's audiometric needs. Please send a recent picture of your child and circle below if permission is granted to use your child's photograph in the H.E.A.R Project photo album. This is used only for fund-raising events. It may be removed at any time at your request.

Permission to use photo: Yes No

Child's Name _____

Name of Parent or Guardian _____

Signature of Parent or Guardian _____

THIS SECTION TO BE COMPLETED BY THE AUDIOLOGIST

Type of Assistance Requested _____

Dollar Amount _____ Additional Information _____

Dispensing Audiologist Name _____

Address _____

Phone _____ Email _____

Tax I.D. Number _____ Signature _____

SEND OR FAX COMPLETED APPLICATION TO:

Carolyn Wolfrum; 8823 West Warren Drive Lakewood, CO. 80227
303-527-1818 Phone or Fax

If you have questions about the H.E.A.R. project, or the application process, please call
Carolyn Wolfrum (303) 527-1818
Jill Boice (303) 863-7580