

APPROVED ASSESSOR / AUDIOLOGIST DETAILS

Given Name _____ Accreditation No. _____
 Last Name _____ Email _____
 Telephone _____ Ext No. _____ Mobile _____
 Audiology Provider (trading as) & Branch/Clinic _____

Fill out the following if the application information form is to be sent to an alternative Audiology Provider:

Alternative Audiology Provider & Branch/Clinic _____
 Alternative Email _____

Date / /

Approved Assessor / Audiologist Declaration

By completing and submitting this application I confirm that the assessment, selection, fitting and trial of hearing aids and/or accessories to completion will be carried out in accordance with the NZAS Standards of Practice and the Ministry of Health's Disability Support Services accreditation framework and that the application is correct and meets the Ministry of Health's Hearing Aid Funding Scheme eligibility criteria.

Yes
 No

Person's Declaration

The person, person's guardian or authorised agent (where the person is under 16 years of age, or is unable to complete the application) agrees to this application for funding being made and that the information given in this application is true and correct. The person has been given the Guide to Getting Hearing Aids and authorises **accessible** to use or disclose information as described in the Privacy Act.

Yes
 No

PERSON'S DETAILS

Given Name _____ Title _____
 Last Name _____ NHI No. _____
 Address Line One _____ Telephone _____
 Address Line Two _____ Date of Birth / /
 Suburb _____ Gender _____
 City / Town _____ Ethnicity _____
 Postcode _____ Email _____
 Person's information to be sent to: Email Postal Address

ADDITIONAL INFORMATION – (CHILDREN)

How was the child referred to be fitted for a hearing aid?

Referral from UNHSEIP Other _____

For children 0-3 years, has the child previously passed their Newborn hearing screen in New Zealand?

Yes No Not Applicable

ADDITIONAL INFORMATION – (ALL AGES)

Does the person have an injury related hearing loss? Yes No

If yes, has ACC funding been claimed?

Yes No % of injury related hearing loss if known: _____

For adults over 65 years, does the person have a current Super Gold Card?

Yes No Not Applicable

ATTACHMENTS

Current Audiogram Please attach a current audiogram for all applications which are above the review price point, have requested a BAHA, additional optional accessories or an FM system. These requests require Professional Advisory Team Review.

Insurance Excess Claim Please attach a copy of the insurance company claim acceptance letter identifying the excess amount and include your Audiology Provider invoice for the excess amount for payment.

Additional Documentation or Additional Pages (Please list these)

Total Number of pages in this Application _____ Please count all pages including any cover sheets and record the number here.

HEARING AID FUNDING SCHEME ELIGIBILITY CRITERIA

1.1 CHILDREN AND YOUNG PEOPLE

- Preschoolers; children in compulsory education; and young people up to the age of 21 years who are in full time Tertiary education.**

(Documentation demonstrating the person's eligibility for tertiary education to be kept on the Assessor's file. Funding of FM systems for children in compulsory sector education is provided by the Ministry of Education)

1.2 ADULTS with complex needs aged 16 years and over (who do not fit the criteria in 1.1):

- Severe long-term hearing loss since childhood which is:**

- Severe or greater (i.e. With an average of 3 worst thresholds from 500 Hz, 1kHz, 2 kHz and 4 kHz equal to or greater than 70dB in the better ear) AND
- The person has been using hearing aids since childhood and would previously have received publicly funded devices through the Children's Hearing Aid Fund.

(Documentation demonstrating the long-term hearing loss and details of hearing aid use from childhood i.e. Prior to 16 years of age, to be kept on the Assessor's file)

- Sudden and severe long term hearing loss within the previous 6 months, which:**

- Have developed suddenly (i.e. Over 1-14 days) AND
- Consist of a significant increase in the person's thresholds (i.e. At least 30 dB on average in one ear or both) AND
- Results in a severe hearing loss (i.e. With an average of 3 worst thresholds from 500 Hz, 1 kHz, 2 kHz and 4 kHz equal to or greater than 70 dB in the better ear).

(Documentation demonstrating a history of a sudden and severe hearing loss, where possible including records of person's hearing prior to the sudden event to be kept on the Assessor's file)

- Dual or multiple disability (Select one of the criteria below) – The person has a hearing loss AND**

- A significant visual disability:**

- That the corrected vision does not exceed 6/24 in the better eye or there is a significant limitation in the binocular central field or vision not less than 10° in extent at the widest diameter, or the overall binocular visual field is no greater than 30° at its widest diameter.

- A significant intellectual disability which impacts on their ability to communicate effectively and safely.**

- A significant physical disability which impacts on their ability to communicate effectively and safely.**

(Documentation demonstrating the dual disability and its impact on the person, including a general practitioner, medical specialist, optometrist/ophthalmologist examination/report or RNZFB membership to be kept on the Assessor's file)

1.3 All other ADULTS aged 16 years and over (who do not fit the criteria in 1.1) who have a current Community Services Card AND, fulfil one of the follow criteria:

- Working (Select one only)**

- In paid employment for 30+ hours per week**
- Seeking paid employment**
- Working less than 30 hours per week and earning at least the same as the person could earn on the sickness benefit**
- Other (Please specify) _____**

- Voluntary work greater than 20 hours per week**

- Study full-time / vocational training**

- Full time Carer of a dependant person**

(Documentation demonstrating the person's employment, voluntary work, tertiary education/vocational training or carer eligibility status as per the Ministry of Health Hearing Aid Services Manual and Community Services Card number & expiry date to be kept on the Assessor's file)

HEARING AID OR ACCESSORIES DETAILS

- 1 **New (First time hearing aid user)**
- Replacement: Date current hearing aids or accessories provided if known:**
- Reason for Replacement:**
- Damaged/beyond economical repair** **Insurance replacement** **Lost/broken – no insurance**
- Change in hearing/needs** **Other:** _____

2 **Hearing Aid Details**

Manufacturer, model and style (from Ministry of Health Approved Hearing Aid List)

Bilateral Both ears _____ **List Price:** _____

Unilateral Left ear _____ **List Price:** _____

Unilateral Right ear _____ **List Price:** _____

b) **Hearing Aid Cost is Above the Review Price Point**

Please complete the Audiologist Report page 4 & 5 to establish essential need for the hearing aids and provide a copy of the current audiogram (obtained within 6 months for children or 12 months for adults) to allow a Professional Advisory Team review.

3 **Hearing Aid Accessories**

- a) **Operational Part** e.g. custom earmoulds / shells, ITE / RITE (where the cost of the part is additional to the cost of hearing aids) F
For children and young people, include the date the new earmoulds were pre-ordered, the quantity and manufacturers name.

Manufacturer, item, quantity and wholesale price excl GST: _____

- b) **Additional Optional Items or Enhancing Features** e.g. remote control, connectivity device

Manufacturer, item, quantity and wholesale price excl GST: _____

Please complete the Audiologist Report page 4 & 5 to establish essential need for the accessories and provide a copy of the current audiogram (obtained within 6 months for children or 12 months for adults) to allow a Professional Advisory Team review.

- c) **FM System**

Manufacturer, item, quantity and wholesale price excl GST: _____

Please complete the Audiologist Report page 4 & 5 to establish essential need for the FM system and provide a copy of the current audiogram (obtained within 6 months for children or 12 months for adults) to allow a Professional Advisory Team review.

4 **Hearing Aid Cost is On or Below the Review Price Point and/or 3a has been selected.**

Please briefly describe the nature and level of hearing loss, why the hearing aid or operational part is essential and would benefit the person in the box below:

AUDIOLOGIST REPORT – Hearing aids are above the review price point, 3b or 3c have been selected

Please complete the Audiology Report below to establish the essential need for the specific hearing aids or accessories being requested.

- 1 Please identify the person's **nature/type of hearing loss and specific listening needs related to the funding criteria**: work, education, carer role, relationships, and/or home environment/ability to remain at home safely (refer to Hearing Aid Services Manual Part 1, pages 13, 14 & 15).
- In the case of children, their needs in relation to language development, relationships, learning and education environments.

- 2 List the **specific hearing aid technology features** required and:
- Explain why each feature is required to meet the needs identified in question 1, include the expected functional outcome that will be achieved with each specific feature.
 - For children in education, note if the aids are FM compatible. If not, provide rationale for selecting the recommended aids.
 - Explain why the person's needs are unable to be met with a more cost effective aid.

- 3 List the **hearing aid style/type** required and:
- Explain why this style/type is required to meet the needs identified in question 1, include the expected functional outcome that will be achieved
 - For bone conduction hearing aids, specify why this model is essential and the most cost effective option.
 - Explain why the person's needs are unable to be met with a more cost effective aid.

AUDIOLOGIST REPORT – Hearing aids are above the review price point, 3b or 3c have been selected

- 4 List the **additional optional accessory items** required (e.g. remote control/connectivity devices) and:
- Explain why these accessories are required to meet the needs identified in question 1, include the expected functional outcome that will be achieved.
 - Explain why the person's needs are unable to be met more cost effectively with hearing aids alone.

- 5 List the **specific FM system** required and:
- Explain why these accessories are required to meet the needs identified in question 1, include the expected functional outcome that will be achieved.
 - Explain why the person's needs are unable to be met more cost effectively with hearing aids alone.

- 6 Describe the **impact of not providing the hearing aids or accessories on the person's needs** identified in question 1.

- 7 Has the **person worn any previous hearing aids or accessories?**
List the previous make and model and explain why the hearing aids, technological features or accessories no longer meet the person's needs identified in question 1.

