



Canadian Hard of Hearing Association - Calgary
63 Cornell Road NW Calgary AB T2L 0L4

Cochlear Implant Funding Assistance Application

Thank you for requesting an application form for funding from the Canadian Hard of Hearing Association - Calgary to help you purchase batteries and accessories for your cochlear implant. Accessories that are covered by your manufacturer warranty will not be funded. You may be eligible to receive up to \$1,000.00 per year.

The application form is attached. Along with your application form please submit the following documentation:

1. A letter of recommendation from your Audiologist, hearing aid dispenser or social worker
2. Verification of income (last year's income tax assessment showing line 150)
3. Rent receipt or mortgage statement

Please send your application and other documentation to:

Canadian Hard of Hearing Association – Calgary
Attention: Executive Committee
63 Cornell Road NW, Calgary AB T2L 0L4

Your request will not be processed until all the forms are received by the Canadian Hard of Hearing Association – Calgary.

It will take approximately four to six weeks to review your application and approve your funding. If there are any questions about your application someone on the Executive Committee will contact you.

The funding will be available for you for one year from the date it is approved. You will be required to submit a new application for another year of funding.

Once you are approved you will be notified of the amount of funding that you have been approved for and given instructions on how to order the batteries or accessories you need.

If you have any questions about the application process, please contact me at (403) 276-5080 or by e-mail at ctudhope@telus.net.

Catherine Tudhope, President
Canadian Hard of Hearing Association - Calgary



Canadian Hard of Hearing Association - Calgary
63 Cornell Road NW Calgary AB T2L 0L4

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: Home: _____ Bus: _____

Fax: _____ E-mail: _____

Referred by: _____

Marital Status: _____

Occupation of Applicant: _____

Occupation of Spouse: _____

Audiologist: _____

Ear Nose & Throat Doctor: _____

Monthly Expenses

Rent/Mortgage _____

Phone _____

Utilities/Gas _____

Vehicle Costs _____

Child Care _____

Medical _____

Educational _____

Special Services _____

Total Monthly Expenses

Monthly Income

Net Income Self _____

Spouse _____

Child Tax Benefit _____

Income Security _____

E. I. Benefits _____

Pension _____

Maintenance/Support _____

AISH _____

Other _____

Total Monthly Income



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Cochlear Implant Manufacturer: _____

Cochlear Implant Model: _____

Age of Processor: _____

The Canadian Hard of Hearing Association - Calgary respects your privacy. We protect your personal information and adhere to legislative requirements with respect to protecting privacy. The information you provide will be used solely for the intent of this application.

Declaration of Applicant

I hereby make application for financial assistance from the Canadian Hard of Hearing Association – Calgary and I declare that:

1. Any financial assistance provided will be used only for the intended purpose as stated in this application and for one year from the date of approval.
2. I have fully disclosed my financial situation to the best of my knowledge and give permission for the Canadian Hard of Hearing Association - Calgary to verify my circumstances.
3. I consent to the disclosure and release by the Canadian Hard of Hearing Association - Calgary of any information relevant to and required in the process of my application for financial assistance.
4. I make this declaration believing it to be true and of the same force and effect as if made under oath.

Signature of Applicant

Date