



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

Cochlear Implant Funding Assistance Application

The Canadian Hard of Hearing Association – Calgary Branch Cochlear Implant Assistance Program, run in partnership with the Richmond Road Diagnostic and Treatment Centre offers low income individuals in Calgary financial assistance to help purchase batteries and accessories for cochlear implants. Accessories that are covered by manufacturer’s warranty will not be funded. Depending on circumstances, applicants may be eligible to receive up to \$1000.00 in funding.

Please complete the below application. Along with your application form, you will need the following documentation:

1. Verification of income (last year’s income tax assessment showing line 150, proof of AISH coverage,)
2. Rent receipt or mortgage statement

Once you have filled out the application, you will need to contact the Cochlear Implant Team at the Richmond Road Diagnostic and Treatment Centre and make an appointment with a both a Cochlear Audiologist and the clinic social worker, who will review your application to determine if you qualify. To set up an appointment, please contact Melissa Biggs, Cochlear Secretary, by email (melissa.biggs@albertahealthservices.ca), phone (voice: 403 955 8500), or fax (403 955 8501).

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

Applications will take approximately four to six weeks to review. Upon approval, funding for successful applicants will be available for one year from the date it is approved. If you wish to receive additional funding, you must re-apply each year.

If you are approved for funding 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 or concerns about the application process, please contact CHHA Calgary by email (info@chha-calgary.ca), phone (voicemail: 403 284 6224), or fax (403 284 6224).

Please note: all applications and inquiries are kept strictly confidential.



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Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: Home: _____ Work: _____

Fax: _____ E-mail: _____

Referred by: _____

Marital Status: _____

Occupation of Applicant: _____

Occupation of Spouse: _____

Audiologist: _____

Ear Nose & Throat Doctor: _____

Monthly Expenses

Monthly Income

Rent/Mortgage _____

Net Income Self _____

Phone _____

Spouse _____

Utilities/Gas _____

Child Tax Benefit _____

Vehicle Costs _____

Income Security _____

Child Care _____

E. I. Benefits _____

Medical _____

Pension _____

Educational _____

Maintenance/Support _____

Special Services _____

AISH _____

Living Expenses _____
(clothing, food, entertainment, etc)

Other income _____
(family support, savings, side jobs)

Debt _____
(student loans, credit card debt- please specify)

Total Monthly Expenses

Total Monthly Income

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.



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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

Date

Signature of Applicant

Date