SOUND RELIEF
TINNITUS & HEARING CENTER

The Sound Relief Project Application

APPLYING FOR HEARING & TINNITUS ASSISTANCE

Thank you for your interest in The Sound Relief Project.

We understand that asking for help isn't always easy. Our goal is to make this process as simple, respectful, and confidential as possible.

Please complete this application as thoroughly as you can. Every application is reviewed individually, and all information you provide remains confidential.

HOW APPLICATIONS ARE REVIEWED

The Sound Relief Project is funded entirely through donated hearing technology and the generosity of our community. Because these resources are limited, every application is reviewed thoughtfully and individually.

When considering applications, we look at several factors, including:

- Financial need
- Eligibility for other funding sources
- The impact of hearing loss, tinnitus, or sound sensitivity on daily life
- Whether donated technology is available that is appropriate for your hearing and treatment needs

Meeting the eligibility requirements does not automatically guarantee acceptance into the program. Our goal is to ensure every donated hearing aid or tinnitus sound generator is placed where it can make the greatest possible difference.

Every application is treated with respect, compassion, and complete confidentiality. Whether or not you're selected, we're committed to helping you explore the best path forward for your hearing health.

APPLICANT INFORMATION

Full Name_____

Date of Birth_____ **Phone Number**_____ **Email Address**_____

Street Address_____

City_____ **State**_____ **ZIP Code**_____

TELL US ABOUT YOURSELF

Which best describes why you're applying?

- ☐ Hearing loss
- ☐ Tinnitus (ringing, buzzing, hissing, etc.)
- ☐ Sound sensitivity (hyperacusis)
- ☐ More than one of the above

How long have you been experiencing these symptoms?

- ☐ Less than 6 months
- ☐ 6 months–2 years
- ☐ 2–5 years
- ☐ More than 5 years

Have you ever worn hearing aids?

- ☐ Yes
- ☐ No

Are you currently wearing hearing aids?

- ☐ Yes
- ☐ No

If yes, what brand?_____ **Approximately how old are they?**_____

Why are you no longer using them?_____

FINANCIAL ELIGIBILITY

To ensure our resources reach those who need them most, we ask a few questions about your financial situation.

What is your approximate annual household income?

- ☐ Under $20,000
- ☐ $20,000–35,000
- ☐ $35,000–50,000
- ☐ $50,000–75,000
- ☐ Over $75,000

Number of people in your household:_____

Please list ages:_____

Do you currently have health insurance?

- ☐ Yes
- ☐ No

If yes, does your insurance provide hearing aid benefits?

- ☐ Yes
- ☐ No
- ☐ Unsure

Have you been denied hearing aid coverage?

- ☐ Yes
- ☐ No
- ☐ Unsure

Are you currently eligible for any of the following?

- ☐ Medicare hearing benefit
- ☐ Medicaid
- ☐ VA Benefits
- ☐ Vocational Rehabilitation
- ☐ Other assistance program
- ☐ None of the above

YOUR STORY

This is the most important part of the application.

We'd love to learn more about you and why receiving hearing or tinnitus treatment would make a meaningful difference in your life.

Tell us:

How does hearing loss, tinnitus, or sound sensitivity affect your daily life?

_____

_____

What activities, relationships, or opportunities have become more difficult?

_____

_____

Why are you applying to The Sound Relief Project now?

_____

_____

EVALUATION

Have you ever had a hearing test or tinnitus evaluation?

☐ Yes ☐ No

If yes, where?_____

Approximately when?_____

If you have a recent hearing test, you're welcome to include it with your application, although it is not required.

AGREEMENT

I certify that the information provided is true and accurate to the best of my knowledge.

I understand that completing this application does not guarantee acceptance into The Sound Relief Project.

If selected, I agree to complete an evaluation at Sound Relief Tinnitus & Hearing Center.

Signature_____ **Date**_____

DOCUMENTS TO INCLUDE

Please include:

- Proof of household income (pay stub, tax return, benefit statement, etc.)
- Government-issued photo ID
- Recent hearing test (optional)

Once completed, please email to hanna@soundrelief.com

AFTER YOU APPLY

Our team reviews every application individually.

If additional information is needed, we'll contact you.

If you're approved, we'll schedule your evaluation and begin matching you with the best available hearing technology for your hearing loss and/or tinnitus needs.