



## Financial Assistance Program/Hearing Aid Financial Assistance

### Description

Financial Assistance for Children and Youth with Special Health Care Needs (CYSHCN) in New Jersey who are uninsured or underinsured and cannot afford to purchase medically necessary items\*.

### Who Can Apply?

- New Jersey children under age twenty-two (22)
  - Applicants must be a NJ resident for a minimum of 3 months
- Registered on NJ Birth Defects Registry
- Gross family income less than or equal to 500% of the federal poverty level (FPL)  
<https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>
- Family has no other means to pay for hearing aids; *no insurance or current insurance policy does not cover any portion of hearing aids.*

### **\*Medically Necessary Items include, but are not limited to:**

- Hearing Aids
- Asthma and Cystic Fibrosis medication
- Orthotics
- Protheses

Financial assistance is determined based on a sliding scale factoring monthly income and family size. If found eligible, the maximum amount of responsibility incurred to a family will be 50%.

Please contact your [Special Child Health Services Case Management Unit](#) in your county of residence for more information.