

Special Child Health Services Case Management  
Fee-for-Service Hearing Aid Checklist & Application Process

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

1. <input type="checkbox"/>	<b>Socio-Economic Form (CH-9)</b> -Not more than 1 year old and signed by parent/legal guardian) <i>*Physical &amp; electronic signature accepted</i>
2. <input type="checkbox"/>	<b>Income verification</b> -3 most recent consecutive pay stubs, 1040 (current), or letter from employer. <i>No W-2's.</i>
3. <input type="checkbox"/>	<b>Child's Insurance Coverage</b> -Letter from insurance denying coverage of device(s). -Letter from employer stating no coverage is provided.
4. <input type="checkbox"/>	<b>Vendor's Estimate</b> -Current- not over 6 months old
5. <input type="checkbox"/>	<b>ENT/Medical Clearance</b> -Current- not over 6 months old
6. <input type="checkbox"/>	<b>Audiological Report</b> -Current- not over 6 months old. -If SCH-13 not available, report must be on audiologist's letterhead

**Application Process:**

1. Send all completed documents above to your Special Child Health Services (SCHS) Case Manager.
2. Once a determination is made by the FFS program, a Letter of Determination will be mailed to the family and shared electronically, such as by email, via their SCHS Case Manager.
3. If found eligible for the FFS program, the family must make an appointment with the state approved hearing aid vendor for the fitting (SCHS Case Managers maintain a list of state approved vendors).

NOTE: Financial assistance is determined based on a sliding scale factoring monthly income and family size. If found eligible, the maximum amount of Family Cost Participation will not exceed 50% of the total cost of the device(s).

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4. If families have Family Cost Participation, they will be responsible for paying that amount to the vendor directly.
5. Once device(s) are fitted and obtained, the FFS program will ensure vendor payment.