New Jersey Department of Human Services
Division of the Deaf and Hard of Hearing

NEW JERSEY HEARING AID PROJECT
Eligibility Application, Form A

IMPORTANT: This application form is to be used only by applicants who are members of the Pharmaceutical Assistance for the Aged and Disabled (PAAD)

The New Jersey Hearing Aid Project offers free refurbished hearing aids for individuals that meet program eligibility. The Hearing Aid Project is an innovative initiative launched by the New Jersey Division of the Deaf and Hard of Hearing (DDHH), in partnership with Montclair State University.

Program Eligibility:

- Must have hearing loss
- Must be above the age of 65 OR are disabled and receiving Social Security Disability Insurance (SSDI)
- Must be a New Jersey resident

2024 INCOME GUIDELINES:
Single: no greater than $52,142
Married: no greater than $59,209

SECTION 1: TO BE COMPLETED BY THE APPLICANT

This form will be scanned for computerized data capture. Please follow the instructions to ensure that the application is processed quickly and accurately.

- Use blue or black ink only.
- Print clearly, in uppercase letters.
- Correct errors with white correction fluid

PAAD Number: ______________________________

Last Name: ____________________ Suffix (Jr., Sr., etc.): _____

First Name: ____________________ Middle Initial: ____

Date of Birth: ______ / ______ / ______

Social Security Number: _______ - ______ - _______

Phone Number: ________ - _______ - _______

Address: ____

City: ______________________________

State: _______ Zip Code: ______________

<u>SECTION 2</u>: TO BE COMPLETED BY THE TREATING PHYSICIAN.

This form will be scanned for computerized data capture. Please follow the instructions to ensure that the application is processed quickly and accurately.

- Use blue or black ink only.
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- Correct errors with white correction fluid

I HAVE EXAMINED THIS APPLICANT AND HAVE DETERMINED THE NECESSITY OF A HEARING AID.

____

Physician (Print Name)

____ Date: ____________________

Signature of Physician

____

Business Address of Physician

Telephone Number: (_______) ______________

SECTION 3: TO BE COMPLETED BY APPLICANT

APPLICANTS CERTIFICATION AND WAIVER

I certify that the information above is true and accurate to the best of my knowledge. I understand that if it is determined that the benefit has been improperly issued to me, I will be required to repay such benefit. I understand to verify my eligibility for NJHAP it may be necessary to obtain certain information from the records of the Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program, and I authorize release of that information. I hereby assign to the State of New Jersey any right to hearing aid coverage to which I may be entitled under any other plan of assistance or insurance from any other liable third party.

I certify that I do not currently own a hearing aid appropriate for my hearing loss.

____________________________________ Date: ____________________

Signature of Applicant

IMPORTANT: If you are assisting someone else in completing this application, please complete the following portion.

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1. Please check one of the following boxes regarding relationship to the applicant.

☐ Family Member
☐ Friend
☐ Attorney
☐ Agency

☐ Advocate
☐ Social Worker
☐ Other (please specify): ____________

Last Name: _______________________________ Suffix (Jr., Sr., etc.): ________

First Name: ___________________________ Middle Initial: ____

Stress Address: _______________________________________

City: ________________________________ State: ______ Zip Code: _________

Preparer's Signature: _________________ Phone Number: ____________________

SECTION 4: FOR OFFICIAL USE ONLY
DO NOT WRITE BELOW THIS LINE.

FOR OFFICE USE ONLY:

☐ **YES** **VERIFIED BY:** ____________________

☐ **NO** **DATE:** ____________________

PLEASE SUBMIT THE FORM BY:

MAIL:
Division of the Deaf and Hard of Hearing
New Jersey Hearing Aid Project
PO Box 074
Trenton, NJ 08625-0074

EMAIL:
DDHH.communications2@dhs.nj.gov

OR FAX:
(609) 588-2528

FOR MORE INFORMATION, CALL:
(609) 588-2648
(800) 792-8339
(609) 503-4862 videophone