New Jersey Department of Human Services
Division of the Deaf and Hard of Hearing
Language Instruction Program
Eligibility Application

The New Jersey Department of Human Services' Division of the Deaf and Hard of Hearing's Language Instruction Program partners with The College of New Jersey's Center for Sensory and Complex Disabilities' Campaign for Language & Literacy Excellence (CLLE). CLLE is a statewide initiative focusing on the promotion of early language and literacy development in young deaf, hard of hearing, and deafblind children (ages birth to 5).

SECTION 1: Please complete the following section on behalf of the child.

Last Name: _____ First Name: _____

Date of Birth: _____/_____/_____

☐ *Please include a **copy** of the child's birth certificate with this application.*

Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them

Language(s) used in-home (select all that apply):

☐ English: ☐ Primary ☐ Secondary

☐ Spanish: ☐ Primary ☐ Secondary

☐ American Sign Language: ☐ Primary ☐ Secondary

☐ Other: _____ ☐ Primary ☐ Secondary

SECTION 2:

1. Please complete the following section related to the parent, guardian, or caregiver.

Last Name: _____ First Name: _____

Street Address (Line 1): _____

Street Address (Line 2): _____

City: _____ Zip Code: _____

County: _____

Is the above address the child's primary residence? Please check one box.

☐ Yes ☐ No

Primary Phone: _____ ☐ Voice ☐ Video ☐ Text

Secondary Phone: _____ ☐ Voice ☐ Video ☐ Text

Email Address: _____

Preferred method of contact: ☐ Phone ☐ Email

2. Please complete the following related to an additional parent, guardian, or caregiver.

Last Name: _____ First Name: _____

Street Address (Line 1): _____

Street Address (Line 2): _____

City: _____ Zip Code: _____

County: _____

3. Do we have permission to contact the additional parent, guardian, or caregiver, if needed?

   ☐ Yes ☐ No

4. If yes, please complete the following:

Primary Phone: _____ ☐ Voice ☐ Video ☐ Text

Secondary Phone: _____ ☐ Voice ☐ Video ☐ Text

Email Address: _____

Preferred method of contact: ☐ Phone ☐ Email

5. Would you like to be connected to other families in the Language Instruction Program?

☐ Yes, I would like to be connected to other families in the Language Instruction Program.

☐ No, I do not want to be connected to other families in the Language Instruction Program at this time.

6. If yes, I consent to the DDHH sharing the following with other families:

   ☐ contact number ☐ email address

I shall assume all risk of and responsibility for, and agree to hold harmless the NJ Division of the Deaf and Hard of Hearing and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs and expenses in connection therewith which may arise from or result directly or indirectly from being connected to another family or families in the Language Instruction Program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SECTION 3: The following section is to be completed by the referring provider, if applicable.

Referral Source: _____

Street Address (Line 1): _____

Street Address (Line 2): _____

City: _____ Zip Code: _____

County: _____

Referral Contact Name: _____

Email Address: _____

Phone Number: _____

SECTION 4: Please complete the following section related to the child's educational program.

1. Is the child currently enrolled in an educational program?

   ☐ Yes ☐ No ☐ Not sure

2. If so, what type of educational program? Select all that apply.

   ☐ Childcare
   ☐ Preschool
   ☐ Summer camp
   ☐ Extended school year
   ☐ Other (please specify): _____
   ☐ Not sure

Name of program: _____

Street Address (Line 1): _____

Street Address (Line 2): _____

City: _____ Zip Code: _____

County: _____

Website (if applicable): _____

Phone Number: _____

Contact Name: _____

3. If the child is enrolled in more than 1 program, please provide the additional program's information.

Name of program: _____

Street Address (Line 1): _____

Street Address (Line 2): _____

City: _____ Zip Code: _____

County: _____

Website (if applicable): _____

Phone Number: _____

Contact Name: _____

4. Is the child enrolled in Early Intervention Services?

   ☐ Yes ☐ No ☐ Not sure

5. If yes, at what age was the child enrolled in Early Intervention Services? Please insert age in months.

   _____ months

6. If yes, does the child have an Individualized Family Service Plan (IFSP) in place?

   ☐ Yes ☐ No ☐ Not sure

SECTION 5: Please complete the following section related to the child's hearing loss. In this section, the term "hearing technology" refers to hearing aids, cochlear implants, bone-anchored hearing aids, etc.

☐ *Please include a **copy** of a current ABR, audio logical report, or audiogram.*

1. Did the child receive a hearing screen within 1 month of birth? **NOTE**: This typically occurs before leaving the hospital after birth.

   ☐ Yes ☐ No ☐ Not sure

2. What were the results of the initial hearing screening?

   ☐ Pass ☐ Refer ☐ Not screened ☐ Not sure

3. How old was the child when hearing loss was confirmed by an audiologist? **NOTE**: This is different from the newborn hearing screening.

   ☐ Less than 3 months
   ☐ 4-12 months
   ☐ More than 12 months
   ☐ Not sure
   ☐ Hearing loss has not been confirmed by an audiologist

4. What type of hearing loss does the child have?

   ☐ Conductive
   ☐ Sensorineural
   ☐ Mixed
   ☐ More than one (e.g. left and right ears have different types of hearing loss)
   ☐ Other (please specify): _____
   ☐ Not sure

5. In which ear does the child have hearing loss?

   ☐ Left ☐ Right ☐ Both

6. Does the child have hearing technology?

   ☐ Yes ☐ No

7. If yes, how old was the child when they first received hearing technology?

   ☐ Less than 3 months
   ☐ 4-6 months
   ☐ 7-12 months
   ☐ More than 12 months
   ☐ Not sure

8. If yes, in which ear is the hearing technology used?

   ☐ Left ☐ Right ☐ Both

9. If yes, what hearing technology does the child use?

   ☐ Hearing aid
   ☐ Cochlear implant
   ☐ Bone-anchored hearing aid (BAHA)
   ☐ Other (please specify): _____
   ☐ Not sure

10. Which option comes closest to describing the child's hearing level in the **left ear**, when they are **not** using hearing technology?

    ☐ Typical
    ☐ Mild
    ☐ Moderate
    ☐ Moderate-Severe
    ☐ Severe
    ☐ Profound
    ☐ Sloping
    ☐ Not sure

11. Which option comes closest to describing the child's hearing level in the **right ear**, when they are **not** using hearing technology?

☐ Typical
☐ Mild
☐ Moderate
☐ Moderate-Severe
☐ Severe
☐ Profound
☐ Sloping
☐ Not sure

12. Which option best describes how often the child uses the hearing technology at home?

☐ Very consistently; child wears hearing technology at all times, with exception of activities that require removal.
☐ Fairly consistently; child wears hearing technology most of the time, with the exception of activities that require removal and/or the need for occasional listening breaks.
☐ Not very consistently; child wears hearing technology when able to tolerate and/or child needs frequent listening breaks.
☐ Rarely; child does not tolerate hearing technology on a consistent basis.
☐ Never; child does not use their hearing technology.
☐ Child has not received hearing technology.
☐ Not sure.

13. Does the child have **additional diagnosis confirmed** by a medical professional? Please select all that apply.

☐ No
☐ Blind or visually impaired
☐ Physical or motor disability
☐ Cognitive or learning disability
☐ Social or emotional disability
☐ Autism spectrum disorder
☐ Developmental delay or global developmental delay
☐ Complex medical needs
☐ Other (please specify):
_____

14. Is it suspected by the parent, guardian, or caregiver that the child may have additional diagnosis? Please select all that apply.

☐ No
☐ Blind or visually impaired
☐ Physical or motor disability
☐ Cognitive or learning disability
☐ Social or emotional disability
☐ Autism spectrum disorder
☐ Developmental delay or global developmental delay
☐ Complex medical needs
☐ Other (please specify):
_____
☐ Not sure

SECTION 6: The following section is to be completed by the parent, guardian, or caregiver.

As an applicant for the Language Instruction Program, I understand that I am giving permission to share the above information with The College of New Jersey's Center for Sensory and Complex Disabilities' Campaign for Language and Literacy Excellence. All information provided will remain confidential within the Language Instruction Program, The College of New Jersey, and the Campaign for Language and Literacy Excellence in accordance to all applicable privacy laws. I understand that if I, as the parent, guardian, or caregiver, wish to rescind this permission, I may do so at any time. I understand I must rescind this permission by sending a letter, signed and dated, to the Language Instruction Program, The College of New Jersey, and/or the Campaign for Language and Literacy Excellence. I understand the rescission will take effect upon receipt.

Print Name: _____

Signature: _____ Date: _____

PLEASE SUBMIT THE APPLICATION BY:

MAIL:
Division of the Deaf and Hard of Hearing
Language Instruction Program
PO Box 074
Trenton, NJ 08625-0074

EMAIL:
DDHH.communications2@dhs.nj.gov

FAX:
(609) 588-2528

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

SECTION 7: Please provide a copy of one (1) document from List A OR a copy of one (1) document from List B AND a copy of one (1) document from List C.

List A

Documents that establish both identity and residency
Please select one (1) from the list below.

- NJ or Municipal ID card
- NJ Driver's License
- NJ Student ID
- Utility, cell phone, or internet bill
- Bank/insurance statement
- Tax return from previous year
- Paystub from employer
- Rent, lease, or mortgage receipt
- Letter from social service agency
- Letter from health care provider
- Letter from government agency

List B

Documents that establish identity
Please select one (1) from the list below.

- Student ID card
- Student transcript
- Passport
- Birth Certificate
- Driver's License from another country
- Consulate ID card
- Child's U.S. birth certificate with your name
- Letter from IRS or ITIN
- Marriage Certificate
- Divorce Decree
- U.S. court document

List C

Documents that establish residency
Please select one (1) from the list below.

- Signed and dated letter including the full name and phone number of the individual writing the letter from one of the following:
- Landlord
- Representative of worship
- Medical provider
- Service provider
- Shelter acknowledging NJ residency

New Jersey Department of Human Services
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Language Instruction Program
Application Checklist

NOTE: Please use the checklist below to confirm completion of this application.

☐ A **copy** of the child's birth certificate. **(SECTION 1)**
☐ A **copy** of the child's audiogram, audiology report, or ABR report. **(SECTION 5)**
☐ Parent, caregiver, or guardian signature. **(SECTION 6)**
☐ A **copy** of ONE (1) document from **List A** to establish both identity and residency. **(SECTION 7)**

☐ OR a **copy** of one (1) document from List B AND a **copy** of one (1) document from List C. **(SECTION 7)**

☐ Maintain pages 9-10 for records.