

**New Jersey Department of Human Services  
Hearing Aid Assistance to the Aged and Disabled (HAAAD) Program  
PO Box 715  
Trenton, NJ 08625-0715**

**ELIGIBILITY APPLICATION  
HEARING AID ASSISTANCE TO THE AGED AND DISABLED (HAAAD)**

Address your reply to:  
HAAAD Program  
PO Box 715  
Trenton, NJ 08625-0715

Fax to: 609-588-7171

**SECTION I: TO BE COMPLETED BY APPLICANT**

\_\_\_\_\_  
*Last Name*

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*MI*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Applicant's Social Security Number*

\_\_\_\_\_  
*Applicant's Pharmaceutical Assistance to the Aged and Disabled (PAAD) Number*

The following documentation must accompany this application:

1. An original paid in full, receipt is required for the purchase of the prescribed hearing aid(s). You must be enrolled in the PAAD program prior to the purchase of the prescribed hearing aid(s).
2. A written statement from your physician attesting to the medical necessity for obtaining prescribed hearing aid(s). You may obtain your physician's signature below or attach a copy of the prescription for the hearing aid(s).
3. You must sign the HAAAD eligibility application.

**APPLICANT'S 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 HAAAD benefits have been improperly issued to me, I will be required to repay such benefits. I understand that to verify my eligibility for HAAAD, 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 the 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 or from any other liable third party.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone number*

**SECTION II: TO BE COMPLETED BY PHYSICIAN**

I have examined this applicant and have determined the medical necessity for obtaining a hearing aid.

\_\_\_\_\_  
*Name and Address of Physician (Print)*

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Date*

## WHAT IS HEARING AID ASSISTANCE TO THE AGED AND DISABLED?

This is a State of New Jersey program which provides a \$500 reimbursement per hearing aid provided that the cost of the hearing aid is greater than \$500 per hearing aid to eligible residents. This does not provide for the cost of batteries, repairs, or similar services. OTC – Over The Counter hearing aid and amplifiers are NOT eligible for this reimbursement.

## HOW DO I APPLY?

If you are currently enrolled in the Pharmaceutical Assistance to the Aged and Disabled Program (PAAD), you must complete a HAAAD application and submit the following documentation:

1. An original, paid in full, receipt for the purchase of your prescribed hearing aid(s). The cost of the hearing aid(s) must be equal to or greater than the reimbursement amount.
2. A written statement from your physician attesting to the medical necessity for obtaining a prescribed hearing aid.
3. You must sign the HAAAD eligibility application.

If you are not currently enrolled in the PAAD program, you must complete a PAAD application as well. This is needed to verify your age or disability status, state residency, and annual income. The receipt must be dated on or after being approved for PAAD in order for reimbursement.

Applications may be obtained by calling the toll-free number:

**1-800-792-9745**

## HOW IS THE TERM "HEARING AID" DEFINED FOR THE PURPOSE OF THIS PROGRAM?

A standard "hearing aid" means a prescribed custom-fitted ear-level or body-worn electronic device to enhance communication for those with a severe to profound hearing loss.

The OTC – Over The Counter "hearing aid" means a non-prescribed ear-level or body-worn electronic device to enhance communication for those with a mild or moderate hearing loss

## HOW OFTEN MAY I RECEIVE THE HAAAD BENEFIT?

You may receive a \$500 reimbursement to offset the purchase of a hearing aid, or up to \$1000 for two hearing aids within the calendar year. If you purchased one hearing aid in the calendar year for one ear and another hearing aid for the other ear during a subsequent calendar year, you may reapply for the 2<sup>nd</sup> hearing aid. You could only receive the HAAAD benefit again after three years from the date of purchase of each hearing aid.

## HOW SOON WILL I GET MY \$500 PAYMENT AFTER I APPLY

You may apply 45 days after the date of purchase of the hearing aid(s). Once your application has been approved, you should receive your payment in approximately six to eight weeks.

## WOULD I BE ELIGIBLE IF I HAVE OTHER HEARING AID COVERAGE?

If you are a Medicaid recipient or have other health insurance coverage or retirement benefits that provide full hearing aid coverage, you would not be eligible. If you have only or partial coverage, you would be eligible for a supplementary payment.

## HOW DO I KNOW IF I AM ELIGIBLE?

You must be at least 65 years of age, or receiving Social Security Disability benefits.

You must be a New Jersey resident.

For 2023 you must have an annual gross income of less than \$42,142 if you are single, or less than \$49,209 if you are married.

If you purchase a hearing aid BEFORE being found financially eligible you will not be reimbursed.

**IF YOU HAVE ANY QUESTIONS ABOUT HAAAD,**

**WRITE TO:**

**HAAAD  
PO BOX 715  
TRENTON, NJ 08625-0715**

**OR CALL THE TOLL FREE NUMBER: 1-800-792-9745**