



HoughAid Hearing Aid Program

The Hough Hearing Aid Program is a unique model and a one-of-a-kind collaboration. It recognizes that meeting the need for hearing aids among individuals who are unable to afford them is often unmet and too great for any one organization to handle alone. This Program is designed to gather the necessary resources and support to improve the quality of life for these individuals who are dealing with hearing loss by providing hearing aids and professional support for their initial fitting and follow-on support at no-cost to qualifying individuals.

The Hough Hearing Aid Program brings organizations together to fulfill specific roles in this process. These roles include, accepting and reviewing applications, acquiring hearing aids, performing hearing health evaluations, and providing support and services from trained professionals who can support the project—each contribution gets us one step closer to the vision that “all who have ears will hear.”

Participant Agreement

The Hough Hearing Aid Program is designed to support underserved Oklahomans (19 years of age and older) and no other resources for hearing aids, such as insurance, Medicaid, VA, or other state or federal programs. An application process has been put in place and must be completed for those wanting to participate. **Please initial** that you have no other resources in receiving hearing aids: _____

Hough Ear Institute has established a collaborative partnership with Audiologists, who have agreed to provide the following services at no charge to the participant (i.e. will be billed to the Program):

- 1) Diagnostic hearing tests to determine the degree of hearing loss;
- 2) A follow-on appointment for hearing aid fitting and customized hearing aid education; and
- 3) Follow-up adjustment appointments within the first year of receiving the hearing aids, as needed.

I understand that any services requested beyond the three listed above are beyond the scope of this program and will be my responsibility. **Please Initial:** _____

I understand that I will be receiving free hearing aids that are new or newly refurbished, and my personal information will be shared with Sertoma to verify qualifications of receiving the free hearing aids from their company. **Please initial:** _____

I understand that I am confirming that I have no other resources for hearing aids, such as insurance, Medicaid, VA, or other state or federal programs. **Please initial:** _____

Signature: _____ Date: _____

Printed Name: _____