



GIFT OF HEARING APPLICATION

**Free hearing aids for those with
hearing loss and financial need**

GIFT OF HEARING ANGEL APPLICATION:

Hearing loss can have a major impact on a person's quality of life and their safety. When you cannot hear and understand what is being said you cannot be part of the conversation. You don't go out to dinner or visit with friends. It can cause strain in a marriage or between a parent and their children. It causes people to become isolated and withdrawn. It can cause you to be denied a job or to miss promotions. It can reduce your ability to learn and function in the classroom.

Life is too short and being with family and friends is too precious **to tolerate poor hearing**. Hearing aids can bring you back into the world and make your quality of life so much better.

If you, or someone you know, has untreated hearing loss and is unable to afford hearing aids please submit this application for our HEARING ANGEL FOUNDATION .

Gift of Hearing Recipients will receive the following:

A hearing test to determine the type and degree of loss (applicants can supply a copy of their hearing test results from elsewhere if they wish)

A listening needs assessment to determine what their listening needs are

A set of digital hearing aids appropriate for the loss and listening needs

1 year supply of batteries

1 year supply of wax filters

Up to 4 office visits during the first year for adjustments to their hearing aids

Free Clean and Checks for the first year

Applications are currently being accepted. Each application will be reviewed and we will assess applicants as time and funds allow. Each applicant will be notified within 30 days of receipt of the application as to whether they qualify for an initial assessment.

Anyone receiving hearing aids from the Whittier Hearing Angel Foundation must be willing to be photographed and videotaped before and/or at events. They must be willing to share their hearing loss story. All stories and digital media will be the property of Whittier Hearing Angel Foundation and may be used on social media. No money will be paid for your story or your digital media.

GIFT OF HEARING ANGEL FOUNDATION APPLICATION:

Name of person with the hearing loss: _____ Date of Birth _____

Address _____

Contact information for the person with hearing loss: Phone _____

Email _____

Address _____

Name of person submitting this application: _____

If not the nominee then your relationship to the nominee: _____

Your contact info: Phone _____ Email _____

How long has the person had the hearing loss? _____

Has the person had hearing aids before? Yes ___ No ___

If yes, what happened to them? _____

Does the person have insurance that will pay for hearing aids? ___ Yes ___ No

Why has the person not privately purchased hearing aids?

Please write an essay telling us how these hearing aids will improve the quality of life for this person and why they have not been able to afford hearing aids. (Applications will not be accepted without an essay.)

You can use the back of this application or attach additional pages if needed. You can submit in handwriting or typed or by computer.

Mail or drop off applications at: Whittier Hearing Angel Foundation - 13121 Philadelphia St, Whittier, CA 90601. Applications can be faxed to: 562-696-9798. Applications can be emailed to whangelfoundation@gmail.com

For more information contact staff at Whittier Hearing Center, Inc 562-945-7936. You can also get more information from the website: www.whittierhearingangel.org.