



For Better Hearing Project
Application

The Quota for Better Hearing was established to provide supplemental funding toward the purchase of hearing aid for persons regardless of age who do not qualify for Medicaid. If you are currently receiving Medicaid, please contact your caseworker. To determine Medicaid eligibility, call (303) 866-6010.

To Qualify for assistance through the Quota for Better Hearing Project, The family gross income should fall at or below these guidelines. Please circle the size of the family and gross family income.

Size of Family	Annual Household Income
2	\$55,000
3	\$66,000
4	\$77,000
5	\$82,500
6	\$88,000
Each additional	\$ 5,500

Applicant's Name _____

Birthdate _____ **Today's Date** _____ **Male/Female** _____

Parent's Name (if under 21) _____ **Phone** _____

Address _____

Family Combined Yearly Gross Income \$ _____

Release of Information

I understand that if I knowingly omit information or submit false information, consideration for assistance will be terminated. It may be necessary for a representative of the Quota For Better Hearing Project to communicate with your audiologist. Your signature grants permission the discuss your audiometric needs. Please send a a recent picture and circle below if permission is granted to use your photograph in the Quota For Better Hearing Project photo album. This is used only for fund-raising events. It may be removed at any time at your request.

Permission to use photo: Yes No

Patient's Name _____

Name of Parent or Guardian if applicable _____

Signature of Patient/Parent/Guardian _____

THIS SECTION TO BE COMPLETED BY THE AUDIOLOGIST

Type of Assistance Requested _____

Dollar Amount _____ Additional Information _____

Dispensing Audiologist Name _____

Address _____

Phone _____ Email _____

Tax I.D. Number _____ Signature _____

Please Send Completed Application to:

Quota of Metro Denver/ Quota For Better Hearing Project
Po Box 473831
Aurora, Colorado 80047
qimdenver@aol.com