

The personal information requested on this form is collected by the Ministry of Social Development and Social Innovation pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act for the purpose of administering the Employment and Assistance Act and the Employment and Assistance for Persons with Disabilities Act. If you have any questions about the collection, use or disclosure of this information, please contact the Ministry of Social Development and Social Innovation at 1-866-866-0800.

Purpose of this form: The purpose of this form is to collect the information necessary to determine eligibility for the Alternative Hearing Assistance Supplement.

Eligibility: The Alternative Hearing Assistance Supplement may be provided to an applicant who is eligible for general health supplements under the Employment and Assistance Regulation or the Employment and Assistance for Persons with Disabilities Regulation, if the minister is satisfied that the applicant has permanent profound hearing loss in both ears and cannot significantly benefit from a hearing instrument for the purpose of speech comprehension. "Profound hearing loss" means a hearing loss of 91 decibels or greater across all frequencies tested in an audiological assessment.

The applicant may not be eligible for this supplement if they have received a hearing instrument from any source in the previous 36 months, unless the person has developed permanent profound hearing loss in both ears since receiving the hearing instrument.

Full details on eligibility criteria can be found on the ministry's Policy and Procedure Manual at: <https://intranet.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/medical-equipment-hearing-instruments>

Part A – Client Information (to be completed by worker)			
Client Last Name	Client First Name	Telephone or Message	
Birth Date (YYYY MMM DD)	Case Number		
Client Address	City/Town	Postal Code	
Is client eligible for general health supplements under the employment and assistance Regulation or employment and assistance for persons with disabilities regulation? <input type="radio"/> Yes <input type="radio"/> No			

Part B – Application Acknowledgement, Hearing Instrument Information and Consent	
This section must be completed and signed by the client	
1. Have you received a hearing instrument (includes cochlear implants) in the past 36 months? <input type="radio"/> Yes <input type="radio"/> No If yes, when? (YYYY MMM DD)	
2. If the answer to question 1 is "yes", did the Ministry of Social Development and Social Innovation provide or pay for the hearing instrument? <input type="radio"/> Yes <input type="radio"/> No	
I declare that the information provided on this form is true and complete. I consent to the audiologist or hearing instrument practitioner (identified in Part C of this application) sharing and providing clarification on the medical information requested in this application form with the ministry for the purposes of determining my eligibility for this supplement.	
Signature of Client/Parent or Guardian	Date Signed

Part C – Hearing Assessment Information

This section must be completed by an Audiologist or Hearing Instrument Practitioner (PLEASE PRINT)

1. Does the client have permanent profound hearing loss in both ears? Yes No
 “Profound hearing loss” means a hearing loss of 91 decibels or greater across all frequencies tested in an audiological assessment.
2. In your opinion, would the client significantly benefit from a hearing instrument for the purpose of speech comprehension? Yes No
 Please explain.
3. If the client received a hearing instrument in the past 36 months (as per Part B), has the degree of hearing loss experienced by the client changed since the date the hearing instrument was provided? Yes No Don't Know
4. If the answer to question 3 is “yes”, please explain this change.

Please attach a copy of a recent audiological assessment (completed within the previous 12 months).

If the applicant has received a hearing instrument from another source than ministry in the past 36 months (as per Part B) and has since developed permanent profound hearing loss in both ears, please also attach a copy of an additional audiological assessment completed within the 12 months previous to the date the applicant received that hearing instrument.

Note: an incomplete application will delay processing.

Practitioner Name	College Registration Number	Telephone
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Name and Address of Employment

Type of Employment

Self-employed/ private practice Health Authority Other Please explain: _____

I certify i have completed an audiological assessment of the applicant identified in part a and this form, and attached documents contain my findings and considered opinion at this time.

Signature of Practitioner	Date Signed
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Please forward completed forms to:
 Ministry of Social Development and Social Innovation, Health Assistance Branch
 FAX: 1-855-771-8785
 MAIL: P.O. Box 9971 STN PROV GOVT Victoria, BC V8W 9R5

Questions may be directed to the Health Assistance Branch Health Professional and Supplier phone line:
 1-888-221-7711