Hearing Aid Recycling Program (HARP)
Information and Application Form

MISSION STATEMENT

The mission of the UW Hearing Aid Recycling Program (HARP) is to provide reconditioned hearing aids to people with low-income who reside in the Dane County or surrounding area. Individuals who meet the program's financial guidelines and eligibility will be provided with behind-the-ear hearing aids, earmolds, and batteries at low- to no-cost as long as adequate monetary and hearing aid donations necessary to support the program are available. The cost of the hearing evaluation, hearing aid consultation, hearing aid fitting, and initial hearing aid follow-up services will also be provided through the HARP eligible members by audiologists and graduate student clinician at the UW Speech and Hearing Clinic.

ELIGIBILITY & PROCESS

The Hearing Aid Recycling Program is designed to assist those who have no other resources available to them. Therefore, the HARP is a program of last resort. Other options for assistance include private insurance, state Medicaid programs, BadgerCare, Vocational Rehabilitation, Veterans Administration, church groups, family or friend assistance, or other state or local programs. Preference will be given to persons living in Dane county and surrounding communities, as this program is financed entirely by local donations of hearing aids, money, and services.

If an applicant has family support or funds in money market accounts, mutual funds, 401(k) plans, IRAs, certificates of deposit (CDs), checking/saving accounts, stocks, bonds or T-bills, this may not be the program for you. HARP considers all these when determining eligibility.

Once the potential recipient has been passed the financial screening, s/he will be seen at the UW Speech & Hearing Clinic for an audiological evaluation, paid for by the HARP fund. If the recipient meets the audiologic criteria for a hearing aid, s/he will be considered as a recipient of HARP program hearing aid(s). Note: Individuals with moderate to profound bilateral hearing loss will be given highest priority due to the significant impact on communication. Audiologic decisions regarding hearing aid candidacy will be made in accordance with audiologist’s recommendations.

ABOUT THE UW Speech and Hearing Clinic (UWSHC)

The UW Speech Hearing Clinic (UWSHC) is a teaching clinic for graduate students in the UW-Madison Department of Communication Sciences and Disorders. The clinic provides a full range of hearing evaluation, hearing aid fitting, and follow-up services. The clinic is located on UW-Madison’s campus and has free parking conveniently located directly outside the building. The UWSHC is a non-profit clinic. All clinic providers are committed to providing top-quality care to our patients while educating future audiologists. Patients seen through the HARP program will work with a licensed audiologist and an audiology doctoral student.

The UW Hearing Aid Recycling Program provides hearing aids to those with very limited financial resources. If, after careful review of your situation, you feel you are eligible, please complete the application and send it to the address on the next page. The UW HARP program has limited resources and will attempt to accommodate as many persons with the most needs as reasonable. Questions should be directed to HARP director, audiologist Dr. Melanie Buhr-Lawler, at 608-890-1504.
INSTRUCTIONS

1. Review the income and financial criteria below and consider it prior to completing and sending in the application form.
2. Send all application materials to:
   Dr. Melanie Buhr-Lawler
   HARP Director
   365 Goodnight Hall
   1975 Willow Drive
   Madison, WI 53706

Applications are processed as they are received. **Once you mail your application, please wait at least six weeks before you call for a status check.** There is typically a waiting list for HARPs applicants due to the popularity of the program.

INCOME & FINANCIAL CRITERIA

**All income figures are GROSS.** Recipients must make no more than the suggested yearly income and not be eligible for a hearing aid through any other program. Size of family unit is defined as the number of people financially dependent on each other.

Income guidelines (below) can be read as the following example: If the yearly income for a family of 2 is over $36,425 a year, then the applicant is not eligible for a hearing aid through HARP.

<table>
<thead>
<tr>
<th>Size of Family Unit</th>
<th>Income Guideline</th>
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<tbody>
<tr>
<td>1</td>
<td>$27,075</td>
</tr>
<tr>
<td>2</td>
<td>$36,425</td>
</tr>
<tr>
<td>3</td>
<td>$45,775</td>
</tr>
<tr>
<td>4</td>
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<tr>
<td>6</td>
<td>$73,825</td>
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<tr>
<td>7</td>
<td>$83,175</td>
</tr>
<tr>
<td>8</td>
<td>$92,525</td>
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</tbody>
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**NOTE:** For family units with more than eight members, add $7,445 for each additional member.

Again, the income guideline figures are gross. Possible sources of income include:

- Alimony
- AFDC
- Black Lung payments
- Child Support
- Disability
- Interest from Stocks, IRAs, 401(k)s
- Old Age Pension
- Public Assistance
- Social Security and SSI
- VA pension
- Wages
- Welfare
- Work pension

The UW HARP will also take into account assets/savings. Possible assets include:

- Accounts
- Annuities
- CDs
- Checking
- IRA/401(k)
- Life Insurance
- Money Market
- Savings
- Stocks/Bonds
GENERAL INFORMATION

Applicant’s name:  First: ___________________  Middle: ________________ Last: ______________________

Date of birth: _______________  Age: _______________               [ ] Male     [ ] Female   [ ] Other

Mailing address: Street: ___________________________________________________ Apt #: __________

City: ________________________________  County: _______________  State: _________  Zip: __________

[ ] Own home    [ ] Rent    [ ] Other (please explain): ______________________________________________

Home phone: __________________________   Cell phone:  _______________________________

Marital status: [ ] Married   [ ] Single   [ ] Divorced   [ ] Widowed   [ ] Separated

Number in household: _____     Number of family members dependent upon applicant: _____

Employment status:  [ ] Employed   [ ] Other    [ ] Retired

Name of current employer: ___________________________________________________________________

Phone: __________________________   How long have you been employed there? ________ (Years/Months)

Is applicant a Medicaid recipient?  [ ] Yes    [ ] No

Does applicant purchase supplemental health insurance?     [ ] Yes    [ ] No

Does applicant have health benefits covering hearing aids?  [ ] Yes    [ ] No

   If yes, what percentage or dollar amount does the plan cover? ________________________________

Person, if other than applicant, completing this form. (If minor, list parent/guardian's information):

Name: ______________________________________ Relationship to applicant: ________________________

Phone: ______________________________________

INCOME (If Minor, list Parent/Guardian’s Information)

Be sure to include all sources of income (see page 2) for all members of the family.

YEARLY INCOME:

   All Social Security of Family $ ________
   From Work: $________  Home Assessed Value: $ ________
   Other Income: $________  Assets/Savings: $ ________
   TOTAL: $________  Other: $ ________

CURRENT NET WORTH:

   Home Assessed Value: $ ________
   Assets/Savings: $ ________
   Total: $ ________

SIGNATURE & RELEASE

I understand that the information submitted about my family, medical and insurance coverage, annual income resources and net
worth are subject to verification by the UWSHC. Verification will be done by phone, letter, e-mail, or credit check. I understand
that if I knowingly omit or submit false information, I will be denied consideration for assistance.

Signature: ___________________________________________________     Date: _______________