



## UW Speech and Hearing Clinic

UNIVERSITY OF WISCONSIN-MADISON

### Hearing Aid Recycling Program (HARP) Information and Application

#### Mission Statement

The mission of the UW Speech and Hearing Clinic (UWSHC) Hearing Aid Recycling Program (HARP) is to provide hearing healthcare to people in the Dane County area who cannot otherwise afford it.

#### Eligibility and Process

**Eligibility:** The HARP is funded by donations from the UW Speech and Hearing Clinic and members of the local community. The HARP is available to residents of Dane County and the surrounding area.

The HARP is designed to assist those who have no other financial resources available. If an applicant has another source of funding for hearing aids, s/he is not eligible for the HARP. Other assistance includes private insurance, Medicaid, BadgerCare, Department of Workforce Development or Veterans Administration benefits, family assistance, and other state or local programs. 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, they may not be eligible to be a HARP recipient.

**Process:** Individuals interested in becoming HARP recipients should complete and submit the application included in this packet. Once an applicant passes the financial and geographic screening and funds are available, they will receive a letter notifying them to schedule a hearing evaluation appointment at the UWSHC. At that appointment, an audiologist will determine hearing aid candidacy and make recommendations. People with significant hearing loss in both ears are given highest priority because of the significant impact this can have on communication. The HARP funds the hearing evaluation, even if the applicant does not qualify for hearing aids. If hearing aids are recommended, the applicant will be scheduled for a hearing aid fitting appointment at the UWSHC.

When the applicant returns for the hearing aid fitting appointment, they become a HARP recipient. At the fitting appointment, HARP recipients receive new or refurbished behind-the-ear hearing aids that are individually fit and verified by a licensed audiologist and graduate student clinicians. The HARP fully funds the hearing aid(s) along with the fitting and initial follow-up services. Applicants with existing hearing aids who meet the HARP financial and geographic criteria will be considered for HARP-funded programming, repair, and hearing healthcare services on a case-by-case basis.

#### About the UW Speech and Hearing Clinic (UWSHC) and the HARP

The UWSHC is a teaching clinic where graduate student clinicians provide service under the guidance and supervision of state-licensed and nationally certified audiologists and speech-language pathologists. The UW Speech and Hearing Clinic (UWSHC) offers evaluation, treatment, and consultation services that are accessible, culturally competent, and evidence-based, for children and adults with speech, language, hearing, and related communication needs. The clinic is located at 1975 Willow Drive on UW-Madison's campus.

The HARP provides hearing healthcare and hearing aids to those with very limited financial resources. The HARP will attempt to accommodate as many qualified applicants as possible. Questions can be directed to HARP director, audiologist Dr. Melanie Buhr-Lawler, at [melanie.buhr@wisc.edu](mailto:melanie.buhr@wisc.edu) or 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  
UW Speech and Hearing Clinic  
1975 Willow Drive  
Madison, WI 53706

Applications are processed as they are received. **Once you mail your application, please wait at least eight weeks before you call for a status check.** There is typically a waiting period of between 2-6 months depending on the number of applicants and funds available.

## 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 \$42,276 a year, then the applicant is not eligible for the HARP.

Size of Family Unit	Income Guideline
1	\$31,224.00
2	\$42,276.00
3	\$53,328.00
4	\$64,380.00
5	\$75,420.00
6	\$86,472.00
7	\$97,524.00
8	\$108,564.00

*For family units with more than eight members, add \$11,052 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

# HARP Application

## 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: \_\_\_\_\_ Email address (if available): \_\_\_\_\_

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 (if applicable): \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_ (Years/Months)

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

Does applicant have 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: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### CURRENT NET WORTH:

Home Assessed Value: \$ \_\_\_\_\_

Assets/Savings: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

## Signature and Release

*I understand that the information submitted about my family, medical and insurance coverage, annual income and net worth are subject to verification by the UWSHC. I understand that if I knowingly omit or submit false information, I will be denied consideration for assistance.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

