



## **Michigan Chapter of the Alexander Graham Bell Association for the Deaf**

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### **Hearing Aid Loaner Program**

The loaner program is for Michigan children 18 years and under. Minors may have difficulties securing “loaner” hearing aid(s), while theirs is being repaired, replaced or purchased for the first time. ***This program is not based on financial need.*** The Michigan Chapter Alexander Graham Bell Association for the Deaf (MI AGBell) recognizes the importance of amplification in hearing rehabilitation and development of the young brain, and lengthy abstinence of amplification can significantly impact a child’s development and learning opportunities.

The child is expected to have a custom earmold already or have a temporary one provided by the hearing care specialist or audiologist. MI AGBell is not responsible for supplying earmolds.

MI AGBell works with schools or the child’s audiologist to provide loaner behind-the-ear hearing aids to children who need them. MI AGBell expects to be paid nominal costs to ship and deliver the aid(s) for the child, (\$7.00) by the requesting party.

When a child has been identified that needs a loaner hearing aid, the parents or audiologist should contact MI AGBell to start the process. A Hearing Aid Loaner Request form should be filled out and submitted to MI AGBell as soon as possible. (next page)

MI AGBell will provide a list of hearing aids currently available to the attending audiologist. (i.e. brand and model names and serial numbers(s). Since these are gently used hearing aids, and a battery check only indicates that they power up, MI AGBell cannot determine whether it is functioning up to the manufacturer’s specifications. The audiologist’s job is to readjust or reprogram the loaner aid(s) to fit the child’s hearing loss.

***The child is expected to be taught how to care for hearing aids.*** They are to be placed in a drying kit or similar device at night, or during bathing times or whenever the aids are not worn. This step reduces the incidents of lost hearing aids, prevents pets from consuming them, and increases the life span and reliability of hearing aids. If the child does not have access to such a product, MI AGBell will provide one for an additional \$8.00 charge. This will be the child’s to keep, and to use with their own hearing aid(s) after the loaner hearing aids are returned.

The signed requestor is responsible for returning the aid(s) when the child’s no longer needs them. Cost of lost or unreturned hearing aids will be \$50.00 each, billed to the responsible party.

The loaner program length generally runs from 30-90 days. For extended lengths of time, extenuating circumstances need to be presented, and MI AGBell Program Director has the final decision regarding length of time.



# **MI AGBell Hearing Aid Loaner Request Form**

(For Michigan children 18 and under only)

***This program is not to be used to provide permanent hearing aid(s) for children.*** There are other resources available for children with demonstrated financial need. Please contact MI AGBell for further information for those programs.

Audiologist Requesting: \_\_\_\_\_ Date: \_\_\_\_\_

Audiologist or School name  
Address and contact information

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State **MI** Zip Code \_\_\_\_\_ - \_\_\_\_\_

County \_\_\_\_\_

Child's School: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Parent's Occupation(s) \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Parent Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ V/TTY/VCO/VP Work Phone: \_\_\_\_\_ V/TTY/VCO/VP

Request for Hearing aid(s) Right \_\_\_\_\_ Left \_\_\_\_\_ Both \_\_\_\_\_ Expected Loaner length: \_\_\_\_\_ days

Does child have a dri-aid kit? YES \_\_\_\_\_ NO \_\_\_\_\_. If not, one will be provided, please add \$8.00.

**Person responsible for fees & return:** \_\_\_\_\_

(signature required)

\_\_\_\_\_  
(printed name)

Shipping \$ 7.00

Dry-Aid Kit (if needed) 8.00

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

Amount Enclosed \$ \_\_\_\_\_

**Mail with a check or money order payable to MI AGBell to:**

**PO Box 250137**

**Franklin, MI 48025**

**(Please remember to make copies of all paperwork before sending MI AGBell the originals)**