



# Michigan Association for Deaf & Hard of Hearing

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www.madhh.org

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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.*** MADHH 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. MADHH is not responsible for supplying earmolds.

MADHH works with School’s or the child’s audiologist or other hearing health care provider to provide loaner behind-the-ear hearing aids to children who need them. MADHH 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 hearing health care professional or audiologist should contact MADHH to start the process. A Hearing Aid Loaner Request form should be filled out and submitted to MADHH as soon as possible. (next page)

MADHH will provide a list of hearing aids currently available to the attending hearing health care professional. (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, MADHH cannot guarantee the usability of them for each child, but will make every attempt to provide them. MADHH encourages hearing health care providers to reprogram the aids as needed and able for the child to get the best fit.

***The child is expected to be taught how to care for hearing aids.*** They are to be placed in a dri-aid jar or similar 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, MADHH 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.

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

***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 MADHH for further information for those programs.



# MADHH Hearing Aid Loaner Request Form

(For Michigan children 18 and under only)

Hearing Professional Requesting: \_\_\_\_\_ DATE: \_\_\_\_\_

Hearing professional practice or School name  
Address and contact information:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Videophone: \_\_\_\_\_

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

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

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

County \_\_\_\_\_

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

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

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

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

Home Phone: \_\_\_\_\_ V/TTY/VCOMP Work Phone: \_\_\_\_\_ V/TTY/VCOMP

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

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

Person responsible for fees & return: \_\_\_\_\_ // \_\_\_\_\_  
(signature required) (printed name)

**Payment Method: Check M.O. Master Card Visa Discover American Express**  
(all credit card documentation is processed and managed with the Financial Officer)

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_ (\$7.00 or \$15.00)

Name on Card: \_\_\_\_\_ Street number on card: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code: \_\_\_\_\_ Zip code on card: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

You may **fax** applications with credit card payment to **MADHH** at **517-487-2586**,  
or **mail** with a check payable to **MADHH** at:

**MADHH, 2929 Covington Court, Suite 200, Lansing, MI 48912-4939**  
**1-800-YOUR-EAR, ext. 16 V/T ♦ yourear@madhh.org**

(Please remember to make copies of all paperwork before sending MADHH the originals)