

## Hearing Aid Loan Application Form

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The purpose of this program is to provide temporary hearing aids for Maryland residents with hearing loss under the age of 21 years old who have not yet graduated from high school while they are waiting to receive their personal amplification devices. The best way to contact the loan bank is through email. Please contact the Hearing Aid and Language & Communication Video Loan Bank at [zella.shabasson@maryland.gov](mailto:zella.shabasson@maryland.gov) or 410-767-0739 if you have any questions.

Videos to help families learn the language and communication methods they choose to use with their child are available for loan. Complete the application form on the [Loan Bank website](#).

**Please complete Parts A-D of this application and return to:**

Maryland State Department of Education  
Division of Special Education  
200 West Baltimore Street, 9th Floor  
Baltimore, Maryland 21201  
ATTN: Zella Shabasson  
Email: [zella.shabasson@maryland.gov](mailto:zella.shabasson@maryland.gov)  
Fax: (410) 333-8165

**The Application can be saved and submitted electronically, printed and mailed, or faxed. The information contained on this form will be kept confidential.**

## Part A

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### REFERRING AUDIOLOGIST INFORMATION

Audiologist Name:

Maryland Audiology License #:

Mailing Address:

City, State, Zip:

Phone Number:

Email Address:

### CHILD'S INFORMATION

Name:

Date of Birth:

Parent/Legal Guardian Name:

Mailing Address:

City, State, Zip:

County of Residence:

Phone Number:

Parent's Email Address:

## Part B

### TO BE COMPLETED BY THE REFERRING AUDIOLOGIST

In order for this request to be processed, a copy of any audiologic testing, medical clearance from the child's ENT, and an agreement form (Part D) signed by the parent or legal guardian must be provided with this application. Please make copies, scan or fax, as this paperwork will not be returned.

1. Was this child referred based upon results from the Universal Newborn Hearing Screening protocol?

No      Yes      If yes, from which hospital?

2. Was this child referred based upon results of a routine school screening program?

No      Yes      If yes, from which local county/jurisdiction?

3. What is the configuration and degree of hearing loss?

4. Is this a binaural or monaural fitting?

5. Please indicate the make and model of hearing aid that you would recommend for this child, numbering preferences 1-3. While we cannot guarantee the exact make and model, please be assured that every attempt will be made to match your request.

First:

Second:

Third:

The hearing aid(s) will be sent to the requesting audiologist following receipt of the application and required documentation and based upon hearing aid availability. The hearing aid will be selected and sent by the Hearing Aid and Language & Communication Video Loan Bank based on the information received.

Audiologist Signature

Date

**TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN**

- Date

## Part D

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### HEARING AID LOAN AGREEMENT

#### TO BE COMPLETED BY THE PARENT OR LEGAL GUARDIAN

Check each box to confirm agreement with the statement.

I AGREE THAT MY CHILD WILL RECEIVE LOANED HEARING AID(S) FROM THE MARYLAND STATE DEPARTMENT OF EDUCATION, DIVISION OF SPECIAL EDUCATION.

I AGREE TO PROVIDE A BRIEF STATEMENT INDICATING THE REASON ASSISTANCE FROM THE LOAN BANK IS REQUESTED.

I AGREE THAT IT IS MY RESPONSIBILITY TO MAINTAIN AND CARE FOR THE HEARING AID(S) AND THAT I WILL BE RESPONSIBLE FOR ANY LOSS OR DAMAGE NOT COVERED BY THE HEARING AID WARRANTY UP TO \$150.00. THIS EXCLUDES NORMAL WEAR AND TEAR.

I AGREE THAT MY CHILD WILL HAVE USE OF THE HEARING AID(S) FOR UP TO 12 MONTHS. IF MY CHILD HAS NOT RECEIVED THEIR PERSONAL AMPLIFICATION WITHIN THAT TIME, I MAY EXTEND THE LOAN PERIOD BY 12 MONTHS, BY COMPLETING AN EXTENSION AGREEMENT.

IF MY CHILD WILL CONTINUE TO USE HEARING AIDS, I AGREE TO SEEK PERSONAL AMPLIFICATION FOR THEM.

I AGREE THAT WHEN MY CHILD RECEIVES THEIR PERSONAL AMPLIFICATION, I WILL RETURN THE LOANED HEARING AID(S) TO MY CHILD'S AUDIOLOGIST TO BE RETURNED TO THE LOAN BANK.

Parent/Legal Guardian Signature

Date