Attachment H

This document to be completed by the Dispensing Hearing Aid Professional

CERTIFICATION AND DOCUMENTATION OF EQUIPMENT NEED

To the Provider: All Fields MUST be Completed for Acceptance by DSDHH

Select the appropriate box

Based upon review of audiogram, I certify that, _____________________________ (name of applicant) does not meet certification requirements as stipulated in the 2019 – 2020 provider contract and is NOT a good candidate for better use of the telephone with the telecoil equipped hearing aid being offered.

OR

Based upon review of audiogram, I certify that, _____________________________ (name of applicant) meets the hearing loss certification requirements as stipulated in the 2019 – 2020 provider contract and is a good candidate for better use of the telephone with the telecoil equipped hearing aid being offered.

Hearing Aid Manufacturer: ________________________________________

Hearing Aid Model: ________________________________________________

Check appropriate box:

BTE Digital  RIC  RITE  Other Style *

*Other Style of Hearing Aid: The applicant requires another style of hearing aid for one or more physical reasons as noted in the attached documentation letter (Provider must submit a detailed explanation on company letterhead describing the need of style change)

Bilateral Hearing Loss: _______ Yes  _______ No

Selected Ear Fit for Telephone Use: Right _______  Left _______

Ear Mold Type: □ Custom Occluded Style (specify) ____________________________

□ Non-Occluded Style (i.e. domes) (specify) ____________________________

Pure Tone Average at 500 Hz, 1000 Hz, and 2000 Hz:  
Right Ear _______  Left Ear _______

Pure Tone Average at 2000 Hz, 4000 Hz, 6000 Hz, and 8000 Hz:  
Right Ear _______  Left Ear _______

Audiograms must show evaluation results of both ears. Exceptions for single ear only evaluation must be explained on company letterhead and provided to the customer along with the audiogram and this form

Additional Technology:

The recipient used the following type of mobile device for telecommunication (Fill out appropriate box)

<table>
<thead>
<tr>
<th>IOS</th>
<th>Android</th>
<th>Other Mobile Device</th>
<th>Does not use a Mobile Device</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPhone, iPad, IPod Generation: _______</td>
<td>Make: _______ Generation: _______</td>
<td>Specify: _______</td>
<td>○</td>
</tr>
</tbody>
</table>

Based on Hearing Aid brands provider distributes, and recipient needs, the following additional technology will be provided (Check one)

<table>
<thead>
<tr>
<th>MFI</th>
<th>MFA</th>
<th>Bluetooth</th>
<th>Telecoil (T-Coil)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will you provide a phone streamer? If yes, which Streamer? _______</td>
<td>MUST be provided</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Approved  ☐ Denied  ☐ Hold  Date: ____________________________

Check Applicable Paragraph
By signing below, I certify that I have assessed both ears of the applicant for hearing loss as documented on the attached audiogram and determined the applicant **MEETS all hearing loss eligibility parameters** established by DSDHH for this telecoil equipped hearing aid. I have further determined that the applicant needs this device for telephone use and is alert, sufficiently oriented, and able to utilize and maintain a hearing aid properly and independently or with little assistance from another person.

By signing below, I certify that I have assessed both ears of the applicant for hearing loss as documented on the attached audiogram and determined the applicant **DOES NOT MEET eligibility parameters** established by DSDHH for a telecoil equipped hearing aid.

<table>
<thead>
<tr>
<th>Certifier’s name (print clearly)</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td></td>
</tr>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Certifier’s Signature</td>
<td>Date Signed</td>
</tr>
<tr>
<td>Title</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

Hearing Aid Application
Version 9/1/19