



APPLICANT MUST BE A U.S. OR CANADIAN CITIZEN

ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED FOR ASSISTANCE

Information that you provide will be kept strictly confidential. If this application is selected for assistance, the resulting transaction, and any claim or dispute arising out of such transaction, shall be governed by the laws of the state of Illinois. If you have already been awarded, or have sought cochlear implant equipment from another organization (such as the CNI), and are applying for financial assistance for surgical, hospital, or other CI related fees only, please do not apply.

CIAF accepts applications for equipment assistance only. CIAF provides NO monetary assistance whatsoever nor any funding for cochlear implant surgery. All requests for equipment must be verified by the patient's doctor or audiologist. Processors and most equipment will be sent directly to the patient's CI center for programming.

Completed applications may be mailed or e-mailed to CIAF:

The Cochlear Implant Awareness Foundation
Attention: Elizabeth VanFossan,
830 South Grand Avenue West,
Springfield, IL 62704

e-mail: info@ciafonline.org

RECIPIENT INFORMATION

Full Name (PLEASE PRINT)

Shipping Address (Unable to ship to PO boxes)

City State Zip/Postal Code

Country

Email

Phone Date of Birth

REQUIRED PERSONAL STATEMENT, PHOTO, AND PHOTO RELEASE

CIAF is a 501(c)(3) non-profit organization which relies primarily on donations to help us to provide cochlear implant equipment to qualified applicants without cost to the family or individual in need. As part of our program, we require applicants to complete a personal statement as to how the cochlear implant will improve their life. We also require a photo of each applicant to accompany his/her application. While the personal statement gives a voice to our mission, photographs provide a visual connection for our supporters and helps bring an applicant's story to life. Both components greatly assist us in promoting our mission to help more people hear!

If the applicant is between 13 and 18 years of age, both the applicant and a guardian should write separate statements. If the applicant is less than 13 years of age, a statement from a guardian is sufficient.

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PERSONAL STATEMENT

Please use extra paper if needed.

Please attach a photo, read and sign the Photo Release, and submit with the completed application. Without the personal statement or photograph, we will be unable to process your application.

PLEASE ATTACH PHOTO HERE
OR PICTURE CAN BE E-MAILED TO
INFO@CIAFONLINE.ORG

I authorize the Cochlear Implant Awareness Foundation, hereafter referred to as "CIAF" to publish photographs of me, and my name and likeness, for the use in CIAF print and online marketing materials as well as other CIAF publications.

I hereby release and hold harmless CIAF from any reasonable expectation of privacy or confidentiality associated with images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other CIAF publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release CIAF, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

AUTHORIZATION

Full Name (PLEASE PRINT)

Signature

Address

City State Zip/Postal Code

PLEASE ONLY MARK WHAT YOU NEED TO BE ABLE TO HEAR AGAIN:

I am a Baha Recipient (if you are a Baha recipient, please fill out the information in the section below)

Claiming a Baha 4 Claiming a Baha 3 Power Claiming a Baha 3

Side of processor being claimed: Left Right

Serial #:

Processor Color: Piano Black Glacier White Chestnut Brown Soft Black
 Champagne Blonde Slate Grey Ocean Blue

I am a Cochlear Implant Recipient (if you are a Cochlear Implant recipient, please fill out the information in the section below)

My type of Internal Implant: N22 N24

Claiming a Sound Processor for: **Nucleus 5** **Nucleus 6** **Nucleus 7**

Side of processor being claimed: Left Right

Processor Serial #:

Sound processor color: Sand/Maize Brown/Mocha Black /Carbon
 Charcoal/Smoke White

Coil color: Sand/Maize Brown/Mocha Black/Carbon
 Charcoal/Smoke White

Coil cable length: 2" 3" 4" 11"

Battery type: Battery Holder and Cover (for use with disposable batteries)
 Standard Rechargeable Battery Compact Rechargeable Battery

Claiming a Nucleus Freedom Sound Processor

Side of processor being claimed: Left Right

Processor Serial #:

Sound processor color: Beige Brown Black Silver Pink Blue

Cable/coil Beige Brown Black Silver

Cable/coil length: 2" 3" 4" 11"

Battery type and color: (choose one) Battery Rack (for use with disposable batteries)
 Rechargeable Battery

Controller type: BTE Mini BTE Bodyworn*

*Bodyworn cable color (if applicable) Beige Brown Black Silver Pink Blue

*Bodyworn cable length (if applicable) 12" 19" 31" 39"

Sprint or 3G

Side of processor being claimed: Left Right

Processor Serial #: Cable/coil length: 2" 3" 4" 11"

CLINIC/AUDIOLOGIST INFORMATION

Clinic Name Primary Audiologist

Mailing Address

City State Zip/Postal Code

Country

Clinic Email

Clinic Phone

Please explain why the recipient is out of sound:

Please explain what assistance you have sought thus far. Do you have any insurance, or spoken to your clinic to see if you can get a loaner?

How long has the recipient been out of sound?