

## CIAF VETERAN'S PROGRAM APPLICATION

## APPLICANT MUST BE A U.S. 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: Ivy Molen**,

1413 S MacArthur Blvd, Springfield, IL 62704

e-mail: Ivy@District23.com

| 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  |
| Branch of Military Service   |                              | Years served   |
| APPLICANT'S PERSONAL STATE!  Please state how you think the support socially, educationally, professionally, | rt for which you are applyir | ng will improve/enhance the life of the applicant<br>er if needed. |
|  |                              |  |

| 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 3 Power Claiming a Baha 3  |              |                    |   |  |  |
| Side of processor being claime   | ed:          | Left               | Right                                       |  |  |
| Serial #:  Processor Color: Pian   | o Black      | Glacier \          | White Chestnut Brown Soft Black             |  |  |
|  | mpagne ВI    |                    | Slate Grey Ocean Blue                       |  |  |
|  |              |                    |   |  |  |
| I am a Cochlear Implant Recipient (if you are a Cochlear Implant recipient, please fill out the information in<br>the section below) |              |                    |   |  |  |
| My type of Internal Implant:   |              | N22                | N24   |  |  |
| Claiming a Nucleus 6 or Nucleus 5 Sound Processor  |              |                    |   |  |  |
| Side of processor being claime   | ed:          | Left               | Right                                       |  |  |
| Processor Serial #:  | - 1 <i>(</i> |                    | 7   |  |  |
| Sound processor color:   | Sand/I       | Maize<br>pal/Smoke | Brown/Mocha Black /Carbon White             |  |  |
| Coil color:  | Sand/l       |                    | Brown/Mocha Black/Carbon                    |  |  |
| COII COIOI .   |              | oal/Smoke          | White                                       |  |  |
| Coil cable length:   | 2"           | 3" 4"              | 11"   |  |  |
| Battery type:  | Batter       | y Holder and       | d Cover (for use with disposable batteries) |  |  |
|  | Standa       | ard Recharge       | eable Battery Compact Rechargeable Battery  |  |  |
| Claiming a Nucleus Freedom So  | und Proc     | essor              |   |  |  |
| Side of processor being claime   | ed:          | Left               | Right                                       |  |  |
| Processor Serial #:  |              |                    |   |  |  |
| Sound processor color:   | Beige        | Brown              | Black Silver Pink Blue                      |  |  |
| Cable/coil   | Beige        | Brown              |   |  |  |
| Cable/coil length:   | 2"           | 3" 4"              | **  |  |  |
| 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 app   | olicable)    | 12" 19             | 31" 39"                                     |  |  |
| Sprint or 3G   |              |                    |   |  |  |
| Side of processor being claime   | ed:          | Left               | Right                                       |  |  |
| Processor Serial #:  |              | Ca                 | able/coil length: 2" 3" 4" 11"              |  |  |
| CLINIC/AUDIOLOGIST INFORMA   | ATION        |                    |   |  |  |
| Clinic Name  |              | Pr                 | imary 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?  |              |                    |   |  |  |