



CIAF WOMEN TO WOMEN 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

APPLICANT'S PERSONAL STATEMENT

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. Please state how you think the support for which you are applying will improve/enhance the life of the applicant socially, educationally, professionally, etc. You may use extra paper 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 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 Nucleus 6 or Nucleus 5 Sound Processor

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?