

## Hear and Achieve Inclusion Grant Application Form

The Purpose of the CHHA-NL Hear and Achieve Inclusion Grant is to assist children, youth and young adults who have hearing loss to overcome barriers when participating in extra-curricular and other community activities. The grant is meant to assist with the purchase of equipment or technology that enables accommodation of hearing loss during participation in these activities.

Children, youth and young adults who are 25 years of age and under that have hearing loss may apply. Applicants must demonstrate adequate need for the specific equipment or technology requested with regard to accommodation of their hearing loss. Priority will be given to applicants who have not benefited from this fund in the past.

Funding is awarded based on need, cost of equipment requested, family net income, proof of hearing loss and funding availability. In order to assess financial candidacy, proof of household Income and number of dependants will be used to determine if an application qualifies for full or partial funding, up to \$1000. Statistics Canada Low-Income cut-off chart (LICO) will be used as a base salary and those who fall on or below the LICO salary will qualify for up to \$1000 in funding (if other application requirements are met). For those who fall above the LICO, a sliding scale will be used to determine the amount of funding, if any, the applicant will qualify to receive for accommodations.

**Please Note:** If an applicant would like to be considered for hearing assistive equipment valued at over \$1000, they may request that their application be evaluated by the grant review panel.



### How to Apply?

To qualify for the grant applicants must reside in Newfoundland and Labrador and complete this application form including:

- Proof of net household income through the provision of a Notice of Assessment from the Canada Revenue Agency from the most recent tax year (for each member used to calculate household income) along with applicable signed consent form(s), (see attached).
- Proof of hearing loss or deafness (letter from Doctor or hearing care professional).
- The request for specific equipment or technology must be accompanied by a detailed explanation of why/how the requested equipment/technology will allow the young person/adult with hearing loss to participate an activity or activities.
- Provision of two quotes for requested equipment or technology
- All required consent forms and signatures

**Submit completed applications (including all supporting documents) to CHHA-NL via:**

Email: [bhiscock@chha-nl.ca](mailto:bhiscock@chha-nl.ca)

Fax: (709) 753-5640

Address (mail or drop off): 1081 Topsail Rd.,

Mount Pearl, NL A1N 5G1

**NOTE:** CHHA-NL reserves the right to decline requests that it does not deem appropriate or the best use of funds. CHHA-NL does not return original receipts as it is used for accounting and auditing purposes. Please make copies of original receipts or supportive documents prior to submission of the application. Any conditions that fall outside this policy may be open to review by the CHHA-NL grant review panel based on justification provided. CHHA-NL will not reimburse purchases made prior to approval of application.



# Application for Hear and Achieve Inclusion Grant

*For Hard of Hearing children, youth and young adults*

This application is for the provision of the Hear and Achieve Inclusion Grant for children, youth and young adults. If you have any questions about this application or require assistance, please contact the Canadian Hard of Hearing Association- Newfoundland and Labrador (CHHA-NL) using any of the following means of contact:

**Phone/TTY:** 1-888-753-3224

**Text:** (709) 725-3224

**Fax:** (709) 753-5640

**In person meeting:** by appointment only

**Email:** [bhiscock@chha-nl.ca](mailto:bhiscock@chha-nl.ca)

**Mail:** 1081 Topsail Rd

Mount Pearl, NL

A1N 5G1

## Applicant Information

**Name of APPLICANT** (person benefiting from grant):

**Names of Applicant's Parents/Guardians:**

Physical address (if different from mailing address):

Mailing address:

Community (City/Town):

Province:

Postal code:

Email:

### Telephone

Home:

Work:

Mobile:

Text:

TTY:

Please specify preferred method of contact:

Date of birth of applicant:

Month:

Day:

Year:

Marital Status *(if applicant is 18 years of age or older and not a dependant):*

- Single
- Married
- Common law
- Other (please state) \_\_\_\_\_

## Contact information of Parent/Guardian 1

Physical address (if different from mailing address):

Mailing address:

Community (City/Town):	Province:
Postal code:	Email:

<b>Telephone</b>		
Home:	Work:	Mobile:
Text:		TTY:

Please specify preferred method of contact:

Marital Status *(if applicant is 18 years of age or older and not a dependant)*:

Single  
 Married  
 Common law  
 Other (please state) \_\_\_\_\_

**Contact information of Parent/Guardian 2:**

Physical address (if different from mailing address):

Mailing address:

Community (City/Town):	Province:
Postal code:	Email:

<b>Telephone</b>	
Home:	Work:
Mobile/Text:	TTY:

Please specify preferred method of contact:

Marital Status *(if applicant is 18 years of age or older and not a dependant)*:

Single  
 Married  
 Common law  
 Other (please state) \_\_\_\_\_

**Family Information**

Number of Dependants (for both parents):

Family Net Income:

**Activity/ Equipment/ Technology Information**

Type of Equipment/ Technology requested for funding: \_\_\_\_\_.

Quote #1: \$ \_\_\_\_\_.  
From: \_\_\_\_\_.

Quote #2: \$ \_\_\_\_\_.  
From: \_\_\_\_\_.

Have you received funding from CHHA-NL Hear and Achieve Grant in the past?

Yes       No



**PLEASE ensure that you attach/enclose all the required documentation with your application. Applications will be placed in priority of date/time complete applications are received. Incomplete applications will not be held to the priority of the original submission date but to the date the application is complete with receipt of ALL required documentation.**

## Declaration

I/we declare that the information and answers given to the questions on this application are true to the best of my/our knowledge. I/we understand that this information will be used to determine eligibility for the Hear and Achieve Inclusion Fund. I/we understand that there could be a cost share of requested equipment. I/we understand that submission of a complete and eligible application does not guarantee the provision of the grant and I/we agree to be contacted for follow up related to promotional purposes if awarded the grant.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian 1, Power of Attorney or Trustee for Applicant** (if applicable):

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Spouse/common law partner** (if applicable to assess household income):

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian 2, Power of Attorney or Trustee for Applicant** (if applicable):

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Spouse/common law partner** (if applicable to assess household income):

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness** (required):

\_\_\_\_\_ **Date:** \_\_\_\_\_

## Privacy

The Canadian Hard of Hearing Association respects your right for privacy. All information collected through this project will be kept private and confidential.

### For Office Use Only:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Application Complete: YES NO Cheque Number: \_\_\_\_\_

Funded in Past: YES NO Authorized Approval: \_\_\_\_\_

Recommendation for Approval: YES NO Dir. Of P&S Approval: \_\_\_\_\_

Total Amount Approved: \$ \_\_\_\_\_



## Hear and Achieve Inclusion Grant Consent Form

*This form **must** be completed by **each** person included in the calculation of household income, to accompany their Notice of Assessment from the Canada Revenue Agency for net income.*

I, \_\_\_\_\_ (name) give consent to the Canadian Hard of Hearing Association Newfoundland and Labrador to use my personal financial information as provided in this application for the purposes of determining financial eligibility for the Hear and Achieve Inclusion Grant.

**Name** (signature): \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness** (print): \_\_\_\_\_

**Witness** (signature): \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Name** (signature): \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness** (print): \_\_\_\_\_

**Witness** (signature): \_\_\_\_\_

**Date:** \_\_\_\_\_