DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02743 (01/2021)

STATE OF WISCONSIN
Wis. Stats § 46.297
Wis. Admin. Code ch. DHS 78

APPLICATION

Telecommunications Assistance Program Hearing Aid Assistance (TAP HAA)

INSTRUCTIONS: Complete the TAP HAA application form or visit our website at DHS TAP and apply online. Applications will be processed in the order received and approved if it meets the program eligibility guidelines.

Applicants **must provide hearing loss documentation (that is current within the past six (6) months) and a hearing aid(s) price quote** from an approved vendor. TAP HAA program requires a Telecoil (T-coil) program to be included and activated within the hearing aid(s) to provide effective assistance to use telecommunications devices for distance communications. The **telecoil program must be documented** on the quote.

If assistance is required to complete the application or there are any questions, please call the TAP office at 608-267-7195, contact us by email at DHSTAP@dhs.wisconsin.gov.

Name – Applicant (Last, First)	Phone Number	Date of Birth (mm/dd/yyyy)	
Address (Street)	City	State	Zip Code

Household Annual Adjusted Gross Income $	Number of People in Your Household	Enter your most recent **annual** adjusted gross **income** for your household, as reported on your Wisconsin Income Tax Return, **OR** total of all household income, including spouse if applicable, Social Security, wages, SSI, and other benefits. Proof of income may be requested.

Applying for assistance with:

◯ One (1) hearing aid ($250 max) ◯ Two (2) hearing aids ($500 max)

I understand that I will **need to include** a quote for the hearing aid(s) total purchase **and ONE** of the following documents from the provider to complete my TAP HAA application. **Documentation must be current within the past six (6) months**.

◯ Hearing Loss Certification signed by a certified audiologist **OR**

◯ Hearing Loss Certification signed by a licensed hearing aid provider.

APPLICANT INFORMATION:

- Must include a quote from provider for hearing aid(s) purchase with the telecoil program included.
- Financial assistance vouchers will be mailed to applicant or applicant's legal representative to be redeemed with the approved vendor (certified audiologist or licensed hearing aid provider) as a credit towards the total purchase price.

PROVIDER INFORMATION:

- Providers need to be pre-approved as valid DHS vendors within the WI STAR accounts payable system.
- Approved vendors will submit invoices to the TAP program, following DHS payment guidelines, located on the DHS TAP HAA Vendors webpage.

I certify that all information provided on this application, including information about applicant's income and hearing loss documentation, are true, complete, and accurate to the best of my knowledge. I authorize TAP program representatives to verify the information provided. I permit applicant's information to be exchanged as needed with internal and external agencies, organizations, or individuals as TAP program policies dictate for the administration of the program benefits and for the delivery of equipment and services to the applicant.

I agree and give consent: ☐ **Yes** ☐ **No**

SIGNATURE – Person Completing this Form	Select Appropriate Box ☐ Applicant ☐ Other	Date Signed (mm/dd/yyyy)
Email Address – Person Completing this Form		
Relationship, if not Applicant	Contact Phone Number	

SUBMIT COMPLETED APPLICATION FORM BY MAIL OR FAX

Mail:
Office for the Deaf and Hard of Hearing
Attn: TAP
P.O. Box 2659
Madison, WI 53701-2659

Fax:
608-267-3203
Office for the Deaf and Hard of Hearing
Attn: TAP