

## Manitoba Seniors Hearing Aid Program Application Form

Department of Families  
Department Seniors/Long Term Care  
100-114 Garry St.  
Winnipeg, MB R3C 4V4

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[manitoba.ca/seniors/hearing\\_aid\\_program.html](http://manitoba.ca/seniors/hearing_aid_program.html)



### 1. Applicant Information

<u>Last Name:</u>	<u>First Name:</u>	<u>Social Insurance #:</u>
<u>Mailing Address:</u>		<u>Date of Birth: (D/M/Y)</u>
<u>Home Phone:</u>	<u>Mobile:</u>	<u>Marital status:</u>
		Married/Common Law: <input type="checkbox"/>
		Single: <input type="checkbox"/>

### 2. Coverage Details

<p><b>A.</b> Do you have hearing aid coverage through any of the following agencies?</p> <p><input type="checkbox"/> Workers Compensation      <input type="checkbox"/> First Nation Inuit Branch (FNIB)      <input type="checkbox"/> Veterans Affairs</p>
<p><b>B.</b> Do you have hearing aid coverage through a private insurance company?</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p><b>If yes, you may be eligible through this program as a second payer. The amount your private insurance covers will be deducted from the maximum \$2000 payable.</b></p>

#### \*DOCUMENTS THAT MUST BE INCLUDED WITH THIS APPLICATION:

- 1- Please attach your **“Proof of Income” for yourself and your spouse (if applicable)** from the previous full tax year. This can be obtained by calling the CRA automated 1-800-267-6999 line or 1-800-959-8281 to get a copy mailed to you, or logging into your CRA My Account. For further instruction on how to obtain this document, please visit our website. Do not send in an income tax summary or Notice of Assessment, as it will be returned for the Proof of Income.
- 2- Please attach a copy of your recent audiogram or prescription of your hearing test from your hearing aid dealer. The Hearing test must be dated within the last six months.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize release of this information in this application to Department of Families and verify it to be accurate and complete.

**Please ensure all information and attachments are submitted with your application to the address at the top left hand corner of this form. Incomplete applications will be returned.**