

Funding For Remote Mic Technology Checklist

MOH Criteria		
Use the following checklist below to confirm is your client is eligible for HAFS funding		
Effective communication for work/applying for work/study		
Does the client have any situations the hearing aids alone are insufficient to be able to communicate effectively & safely in noisy environments or over distance in:		
Workplace (e.g., needing to communicate on work site over distance)	Yes	No
Study environment (To hear lecturer, group work etc.)	Yes	No
Applying for work (To help with interview process)	Yes	No
Doing voluntary work (e.g., working at airport or hospital at information kiosk).	Yes	No
Caring for a dependent (e.g., unwell spouse, need to hear from another room).	Yes	No
Safety of self or others		
Is the safety of self or others is at risk without the device (e.g., mothers of babies – needing to hear them cry).	Yes	No
Reduced speech discrimination/Other disabilities		
Does the client have		
Very poor speech discrimination.	Yes	No
Other disabilities (e.g., visual impairment)	Yes	No
Severe-profound hearing loss with poor speech reading skills.	Yes	No

ACC Criteria		
Use the following checklist below to confirm is your client is eligible for ACC funding		
ACC funded hearing instruments		
Does the client have situations the hearing aids alone are insufficient to be able to communicate effectively & safely in noisy environments or over distance and:		
Requires cover for the whole or nearly whole of their hearing loss	Yes	No
Has had a physical accident that is recognised by ACC. (e.g. head trauma)	Yes	No

War Pensions Criteria		
Use the following checklist below to confirm is your client is eligible for War Pensions funding		
War Pensions funded hearing instruments		
Does the client have situations the hearing aids alone are insufficient to be able to communicate effectively & safely in noisy environments or over distance and has:		
Service related hearing loss	Yes	No
Weekly income compensation, with hearing loss the reason for not working	Yes	No

As my client does not meet the above criteria for funding, I would like to apply on behalf of my client for funding from WorkBridge

Date

Signed
Clinician

Signed
Client
