#### New Jersey Department of Human Services Hearing Aid Assistance to the Aged and Disabled (HAAAD) Program PO Box 715 Trenton, NJ 08625-0715

# ELIGIBILITY APPLICATION HEARING AID ASSISTANCE TO THE AGED AND DISABLED (HAAAD)

Address your reply to: HAAAD Program PO Box 715 Trenton, NJ 08625-0715

SECTION I: TO BE COMPLETED BY APPLICANT			
Last Name	First Name		М
Street Address			
City	State	Zip Code	
Applicant's Social Security Number	Applicant's Ph Disabled (PA)	narmaceutical Assistance a AD) Number	to the Aged and
obtain your physician's signature below 3. You must sign the HAAAD eligibility ap <b>APPLICA</b> I certify that the information above is true and a HAAAD benefits have been improperly issued t eligibility for HAAAD, it may be necessary to ob the Aged and Disabled (PAAD) Program, and I Jersey any right to hearing aid coverage to whi any other liable third party.	plication. ANT'S CERTIFICATION AND ccurate to the best of my know o me, I will be required to rep tain certain information from t authorize the release of that in	WAIVER vledge. I understand that ay such benefits. I unders he records of the Pharma nformation. I hereby assig	if it is determined that stand that to verify my ceutical Assistance to gn to the State of New
Signature of Applicant		Date	
SECTION II:	TO BE COMPLETED BY	PHYSICIAN	
I have examined this applicant and have determ	nined the medical necessity fo	r obtaining a hearing aid.	
Name and Address of Physician (Print)			
Signature of Physician		Date	

# WHAT IS HEARING AID ASSISTANCE TO THE AGED AND DISABLED?

This is a State of New Jersey program which provides a \$500 reimbursement to eligible residents who purchase a hearing aid, but does not provide for the cost of batteries, repairs, or similar services.

# HOW DO I APPLY?

If you are currently enrolled in the Pharmaceutical Assistance to the Aged and Disabled Program (PAAD), you must complete a HAAAD application and submit the following documentation:

- 1. A receipt for the purchase of your hearing aid.
- 2. A written statement from your **<u>physician</u>** attesting to the medical necessity for obtaining a hearing aid.
- 3. You must sign the HAAAD eligibility application.

If you are <u>not</u> currently enrolled in the PAAD program, you must complete a PAAD application as well. This is needed to verify your age or disability status, state residency, and annual income.

Applications may be obtained by calling the toll-free number:

# 1-800-792-9745

# HOW IS THE TERM "HEARING AID" DEFINED FOR THE PURPOSE OF THIS PROGRAM?

"Hearing aid" means a custom-fitted ear-level or body-worn electronic device to enhance communication for the hearing impaired.

#### HOW OFTEN MAY I RECEIVE THE HAAAD BENEFIT?

You may receive a \$500 reimbursement to offset the purchase of a hearing aid, or up to \$1000 for two hearing aids per calendar year. If you purchase another hearing aid during a subsequent calendar year, you may reapply.

#### HOW SOON WILL I GET MY \$500 PAYMENT AFTER I APPLY?

Once your application has been approved, you should receive your payment in approximately six to eight weeks.

### WOULD I BE ELIGIBLE IF I HAVE OTHER HEARING AID COVERAGE?

If you are a Medicaid recipient or have other health insurance coverage or retirement benefits that provide full hearing aid coverage, you would not be eligible. If you have only limited or partial coverage, you would be eligible for a supplementary payment.

# HOW DO I KNOW IF I AM ELIGIBLE?

You must be at least 65 years of age, or receiving Social Security Disability benefits.

You must be a New Jersey resident.

For 2022 you must have an annual gross income of less than \$38,769.00 if you are single, or less than \$45,270.00 if you are married.

# IF YOU HAVE ANY QUESTIONS ABOUT HAAAD, WRITE TO:

HAAAD PO Box 715 Trenton, NJ 08625-0715

or telephone the toll free number:

1-800-792-9745