Part A: If you are an Australian citizen or permanent resident 21 years or older and you meet one of the following, you are eligible for a Hearing Services Voucher

Please select your eligibility type.
Tick relevant box and provide number:

- ☐ Centrelink Pensioner Concession Card
- ☐ Centrelink Sickness Allowance
- ☐ DVA Pensioner Concession Card
- ☐ White Health Repatriation Card (for hearing loss)
- ☐ Gold Health Repatriation Card
- ☐ Dependant person of one of the above categories (see below)
- ☐ A member of the Australian Defence Forces

CRN, DVA file or Service Number (eg NX number)

If claiming **dependant** status please provide the **CRN or DVA file number and name** of the eligible card holder:

Name

Relationship of Dependant

Title | Last Name (Please Print)

First Name

Middle Name

Sex (M/F) | Date of birth

Telephone Number

( )

Postal Address

State | Post Code

Choice of Provider

The Office of Hearing Services produces a directory of the hearing service providers that are located closest to your home. If you would prefer to attend a provider in a different location that you might attend regularly eg, relative's place or other city or town, the Office will provide an additional directory for this area.

Suburb | Postcode

The Office of Hearing Services (OHS) uses your relevant personal information for the administration and delivery of the OHS program which includes verifying your eligibility from time to time. Accordingly it is usual practice for OHS to disclose to and receive relevant personal information about you from Centrelink, the Department of Veterans Affairs and the Department of Defence. The administration and clinical delivery of the OHS program may also require OHS, your hearing service provider and your medical practitioner to disclose and receive relevant personal information about you between each other. The OHS and service provider may also provide information about your hearing service to Medicare Australia for payment purposes. By signing below you indicate to us that you (i) understand the above uses and disclosures and (ii) that you consent to them.

Applicant/Authorised Persons signature | Date

x | / /

Relationship of signatory to client if signing on their behalf:

Part B: Referral Details
Your doctor must complete this part

☐ **New Applicant only**

DO NOT COMPLETE THIS FORM IF YOU HAVE PREVIOUSLY RECEIVED A VOUCHER

Please refer to the renewal letter which will be forwarded to you by the Office on the 2nd year Anniversary of your voucher.

Details of Medical Practitioner

Title | Name (Please Print)

Telephone Number

( )

Address

State | Post Code

Medical Practitioner number

Are there any medical contra-indications to the fitting of a hearing aid/s.

☐ Yes ☐ No

Signature of Medical Practitioner

By signing the form, I consider that the applicant's hearing status and/or hearing aid fitting is in need of assessment or review.

Date

/ /

Part B: Additional Information (optional)

The following information is used for planning and reporting purposes or to assist in communicating with you. Your response is optional, but your assistance would be appreciated.

Is English your first language?

- ☐ Yes
- ☐ No, other (please specify)

Are you of Aboriginal or Torres Strait Islander origin?

- ☐ No
- ☐ Yes, Aboriginal/Torres Strait Islander

Notification of Voucher Issue

Would you like notification about your Voucher to be sent to another person for example the Director of Nursing if you live in an aged care home.

- ☐ Yes
- ☐ No

Aged Care Home/Name of Contact

(Address if different to above)

State Post Code

Alternative contact

If you wish to nominate a friend or family member as an alternative contact, please provide the details below.

Name

Telephone Number ( )

For more information contact:

1800 500 726 or **(TTY) 1800 500 496**

email: **hearing@health.gov.au**

Or visit the Office of Hearing Services Website at:
www.health.gov.au/hear

Please post the completed form to the address below, NOT your Service Provider to:

Applications
Mail Drop Point 113
Office of Hearing Services
Department of Health and Ageing
GPO Box 9848
CANBERRA ACT 2601

Australian Government
Department of Health and Ageing
Office of Hearing Services

The Australian Government Hearing Services Program

NEW CLIENTS Application for a Hearing Services Voucher

www.health.gov.au/hear
email: hearing@health.gov.au

2647 (0808)