|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Priority for Access to Hearing Aid Funding**  **Please attach to your Hearing Aid Funding application in Enable Online 0800 362 253** | | | | | | | | |
|  | | | | | | | | |
| **CLIENT / AUDIOLOGIST** | | | | | | | | |
| Client Name |  | | NZAS member | |  | | | |
| Date of Assessment |  | |  | |  | | | |
| **DURATION OF HEARING LOSS (*Select 1 only*)** | | | | | | | | **Score** |
| Since childhood | | | | | | |  | 20 |
| Sudden and severe | | | | | | |  | 20 |
| Other | | | | | | |  | 0 |
| **OTHER DISABILITY (*Select 1 only)*** | | | | | | | | **Score** |
| Significant visual disability | | | | | | |  | 20 |
| Significant physical or intellectual disability that impacts on the person’s ability to communicate effectively and safely | | | | | | |  | 20 |
| Not applicable | | | | | | |  | 0 |
| **FINANCIAL STATUS (*Select 1 only*)** | | | | | | | | **Score** |
| CSC holder | | CSC #11 | | Expiry Date: | | | | 10 |
| SGC holder with CSC Card | | CSC #12 | | Expiry Date: | | | | 10 |
| Not applicable | | | | | | | | 0 |
| **HEARING LOSS (3FA13) (*Select 1 only per ear*)** | | | | | | | | |
|  | | | | **Better ear** | | **Score** | **Worse ear** | **Score** |
| Severe (>70 dB) | | | |  | | 15 |  | 5 |
| Moderately severe (56-70) | | | |  | | 15 |  | 5 |
| Moderate (41-55) | | | |  | | 10 |  | 5 |
| Mild (26-40) | | | |  | | 7 |  | 3 |
| Slight (16-25) | | | |  | | 3 |  | 2 |
| Normal | | | |  | | 0 |  | 0 |
| **HIGH HEARING NEEDS (*Select 1 only*)** | | | | | | | | **Score** |
| Education14 | | | | | | |  | 10 |
| Communication at work (paid / unpaid) | | | | | | |  | 10 |
| Safety at work (*if hearing aid use feasible in work environment*) | | | | | | |  | 10 |
| Care of dependents | | | | | | |  | 10 |
| Not applicable | | | | | | |  | 0 |
| **PERCEIVED DISABILITY15 (*Select 1 only*)** | | | | | | | | **Score** |
| HHI score > 25 | | | | | | |  | 10 |
| HHI score 10 - 24 | | | | | | |  | 5 |
| HHI score 0 – 10 | | | | | | |  | 0 |
| Could not test | | | | | | |  | 0 |

|  |  |  |
| --- | --- | --- |
| **EXPECTED OUTCOME / PREVIOUS USE (*Select 1 only*)** | | **Score** |
| Good capacity and motivation to benefit / high use in past |  | 10 |
| Medium benefit / historical use |  | 5 |
| Poor benefit / use |  | 0 |
| **HEARING AID/S USE AND FUNCTION (*Select 1 only*)** | | **Score** |
| Both (or only) aid/s currently not functioning and / or beyond economic repair |  | 10 |
| 1 of 2 aids currently not functioning |  | 8 |
| Never worn aids before |  | 8 |
| Frequent breakdowns |  | 6 |
| Aids inadequate for current hearing level |  | 4 |
| Hearing aids functioning normally / or adequate |  | 0 |
| Date current hearing aid/s provided |  | |
| **EDUCATIONAL, OCCUPATIONAL OR PSYCHOLOGICAL STATUS (*Select 1 only*)** | | **Score** |
| Immediately threatened |  | 1016 |
| Threatened but not immediately |  | 8 |
| Not threatened but more difficult |  | 6 |
| Comment: | | |
| *Note: Prioritisation will be based upon the needs of the client – the threshold score for Priority 1 or Priority 2 may vary according to demand for services and budget availability.* | | |
| **PRIORITISATION: Score** |  | |

11 CSC # and expiry date

12 Or # and expiry date of Super Gold Card with CSC certification

13 Average hearing loss over 3 worst frequencies of 500 Hz, 1 kHz, 2 kHz and 4 kHz

14 *Enrolled in formal tertiary education*

15 *Score on HHI-ES or HHI-AS (of maximum 40)*

16 *Provide written evidence*