

**641—3.19(83GA, HF811) Application procedures.**

**3.19(1)** A child, or the parent or guardian of a child, desiring hearing aids or audiologic services may apply to the contractor.

**3.19(2)** The following information shall be provided to the contractor by the applicant to be considered for eligibility under this program:

- a.* Patient's first name, middle initial and last name.
- b.* Patient's date of birth.
- c.* Patient's address, including city, state and ZIP code.
- d.* Parent/guardian's first name, middle initial and last name.
- e.* Parent/guardian's telephone number.
- f.* Parent/guardian's email address.
- g.* Parent/guardian's or child's medical insurance plan coverage.
- h.* Hearing aid/audiologic service provider name and telephone number.
- i.* Whether the request is for hearing aids or audiologic services or both.
- j.* Estimated service costs.

**3.19(3)** Applicants will be enrolled in the program on a first-come, first-served basis upon the date the application is received by the contractor.

**3.19(4)** The contractor will provide written notification to the applicant regarding determination of eligibility or noneligibility and the applicant's right to appeal a denial. For those applicants deemed eligible, an enrollee number will be assigned by the contractor.

**3.19(5)** An applicant must submit a renewal application form on an annual basis, accompanied by all information requested by the department.

[ARC 8232B, IAB 10/7/09, effective 11/11/09; ARC 2290C, IAB 12/9/15, effective 1/13/16]