



**Access
HEARS**

Montgomery County, MD Client Form

Date: _____ Device & Serial #: _____

Name: _____ DOB: _____

Address: _____ City: _____

State/Zip Code: _____ Phone: _____

Email: _____ 2nd Contact: _____

Ethnicity (please circle one): 1. American Indian 2. Asian 3. Black/African American
4. Latino/Hispanic 5. Multiracial 6. Other 7. Pacific Islander 8. White

Maryland Poverty Guidelines (Please circle one)

Persons in family/household	Annual income	138%	150%	200%	250%
1					
2					
3					
4					
5					
6					
7					
8					

After 8 persons, add \$_____ for each additional person.

Maryland Department of Aging Statewide Program Eligibility Verification Form

Senior Care and Senior Assisted Living Group Home Subsidy Program are statewide programs that require all applicants and participants to produce reliable and accurate proof of age and income to qualify. Applicants must present one form of verification for age and one form of verification for income.

The following documents are acceptable forms of proof of age:

- Valid Birth Certificate
- Valid Driver's License
- Valid Maryland State Identification Card
- Valid Passport

The following documents are acceptable forms of proof of residency:

- Valid Birth Certificate
- Valid Driver's License
- Valid Maryland State Identification Card
- Valid Passport
- Utility Bill or Other with Address and Name of Maryland Resident

The following documents are acceptable forms of proof of income:

- Social Security Award Letter
- Earned Income Statement
- Income Tax Return
- Bank Statement
- For the purpose of hearing subsidy, 250% of Poverty and below will be used

Provider must ensure that each individual's file contains a copy of the following documents as evidence of program eligibility:

- A completed and signed Program Eligibility Verification Form;
- One of the acceptable forms of proof of age; and
- One of the acceptable forms of proof of income

I have read the requirements for enrollment in this program and agree to provide the requested documentation as proof of eligibility.

_____ Date: _____
Applicant or Applicant's Representative

I certify that I have received income and age documentation as proof of eligibility and that a copy of these documents will be placed in the applicant's file.

_____ Date: _____
Representative

Informed Consent

Please read the statements below and check the box to agree.

- I understand the listening device that I received through Access HEARS is an over-the-counter hearing aid.
- I understand that by accepting the listening device I must complete the study.
- If the listening device breaks, is lost or stolen, I will notify Access HEARS. I understand that Access HEARS may not replace the device.
- I will use the listening device daily.
- I understand Access HEARS is not a complete medical or hearing evaluation.

I, _____, understand that I am being asked to sign the following document to authorize the collection of my personal information for the use by Access HEARS for a study.

Client signature: _____

Date: _____

Duke Social Support Index (Baseline)

1. Other than members of your family, how many persons in your local area do you feel you can depend on or feel very close to?
 - a. None
 - b. 1-2 people
 - c. More than 2 people

2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?
_____ (number, not a range)

3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?
_____ (number, not a range)

4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?
_____ (number, not a range)

5. Does it seem that your family and friends (people who are important to you) understand you?
 - a. Hardly ever
 - b. Some of the time
 - c. Most of the time

6. Do you feel useful to your family and friends (people who are important to you)?
 - a. Hardly ever
 - b. Some of the time
 - c. Most of the time

7. Do you know what is going on with your family and friends?
 - a. Hardly ever
 - b. Some of the time
 - c. Most of the time
8. When you are talking with your family and friends, do you feel you are being listened to?
 - a. Hardly ever
 - b. Some of the time
 - c. Most of the time
9. Do you feel you have a definite role (place) in your family and among your friends?
 - a. Hardly ever
 - b. Some of the time
 - c. Most of the time
10. Can you talk about your deepest problems with at least some of your family and friends?
 - a. Hardly ever
 - b. Some of the time
 - c. Most of the time
11. How satisfied are you with the kinds of relationships you have with your family and friends?
 - a. Very dissatisfied
 - b. Somewhat dissatisfied
 - c. Satisfied

HHIE-S (Baseline)

The purpose of the next questions is to identify the problems your hearing may be causing. Please select YES, SOMETIMES, or NO for each question. Do not skip a question if you avoid a situation because of your hearing. If you use a listening device, please answer the way you hear while using the listening device.

	Yes	Sometimes	No
1. Does a hearing problem cause you to feel embarrassed when meeting new people?			
2. Does a hearing problem cause you to feel frustrated when talking to members of your family or people close to you?			
3. Do you have difficulty hearing when someone speaks in a whisper?			
4. Do you feel handicapped by a hearing problem?			
5. Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors?			
6. Does a hearing problem cause you to attend religious services less often than you would like?			
7. Does a hearing problem cause you to have arguments with family members or people close to you?			
8. Does a hearing problem cause you difficulty when listening to TV or radio?			
9. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
10. Does a hearing problem cause you difficulty when in a restaurant or in the dining area with relatives or friends?			

Quality of Life SF-12 (Baseline)

1. In general, would you say your health is:

a. Excellent	b. Very Good	c. Good
d. Fair	e. Poor	

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If, so how much?

2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

a. Yes, limited a lot	b. Yes, limited a little	c. No, not limited at all
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3. Climbing several flights of stairs

a. Yes, limited a lot	b. Yes, limited a little	c. No, not limited at all
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Please consider hearing difficulties as a part of your physical health. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

4. Accomplish less than you would like

a. Yes	b. No
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5. Were limited in the kind of work or other activities

a. Yes	b. No
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During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

6. Accomplished less than you would like

a. Yes	b. No
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7. Did work or activities less carefully than usual

a. Yes	b. No
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8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

a. Not at all	b. A little bit	c. Moderately
d. Quite a bit	e. Extremely	

These questions are about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the past 4 weeks...

9. Have you felt calm and peaceful?

a. All the time	b. Most of the time	c. A good bit of the time
d. Some of the time	e. A little of the time	f. None of the time

10. Did you have a lot of energy?

a. All the time	b. Most of the time	c. A good bit of the time
d. Some of the time	e. A little of the time	f. None of the time

11. Have you felt down hearted and blue?

a. All the time	b. Most of the time	c. A good bit of the time
d. Some of the time	e. A little of the time	f. None of the time

12. During the past 4 weeks, how much of the time has your physical health or emotional problems, including your hearing difficulties, interfered with your social activities (like visiting friends, relatives, etc.)?

a. All the time	b. Most of the time	c. A good bit of the time
d. Some of the time	e. A little of the time	f. None of the time

Net Promoter Score (Baseline)

1. On a scale from 0-10, how likely is it that you would recommend this program or project to a friend or family member?

0	1	2	3	4	5	6	7	8	9	10
Not likely at all								Extremely Likely		

2. Please comment about why you selected the response option.

