

Application for Hearing Aid Repurposing Program (HARP)
A Program Offered Through the Parish Health Ministry of
Church Street United Methodist Church



Tell us about yourself:

Name _____

Date of Birth _____

Address _____

Email address _____

Phone number _____

How did you learn about this program?

What is your relationship with Church Street?

Help us understand your need:

(use back if additional space is needed to answer questions)

How long have you had hearing loss?

Have you ever had your hearing evaluated? If yes, when was it last done and what were the results?

Have you ever tried hearing aids? What was your experience?

Would you be able to contribute financially or utilize insurance / Medicare / Medicaid benefits to help fund your hearing evaluation?

If you are unable to use the hearing aids, will you agree to return them?