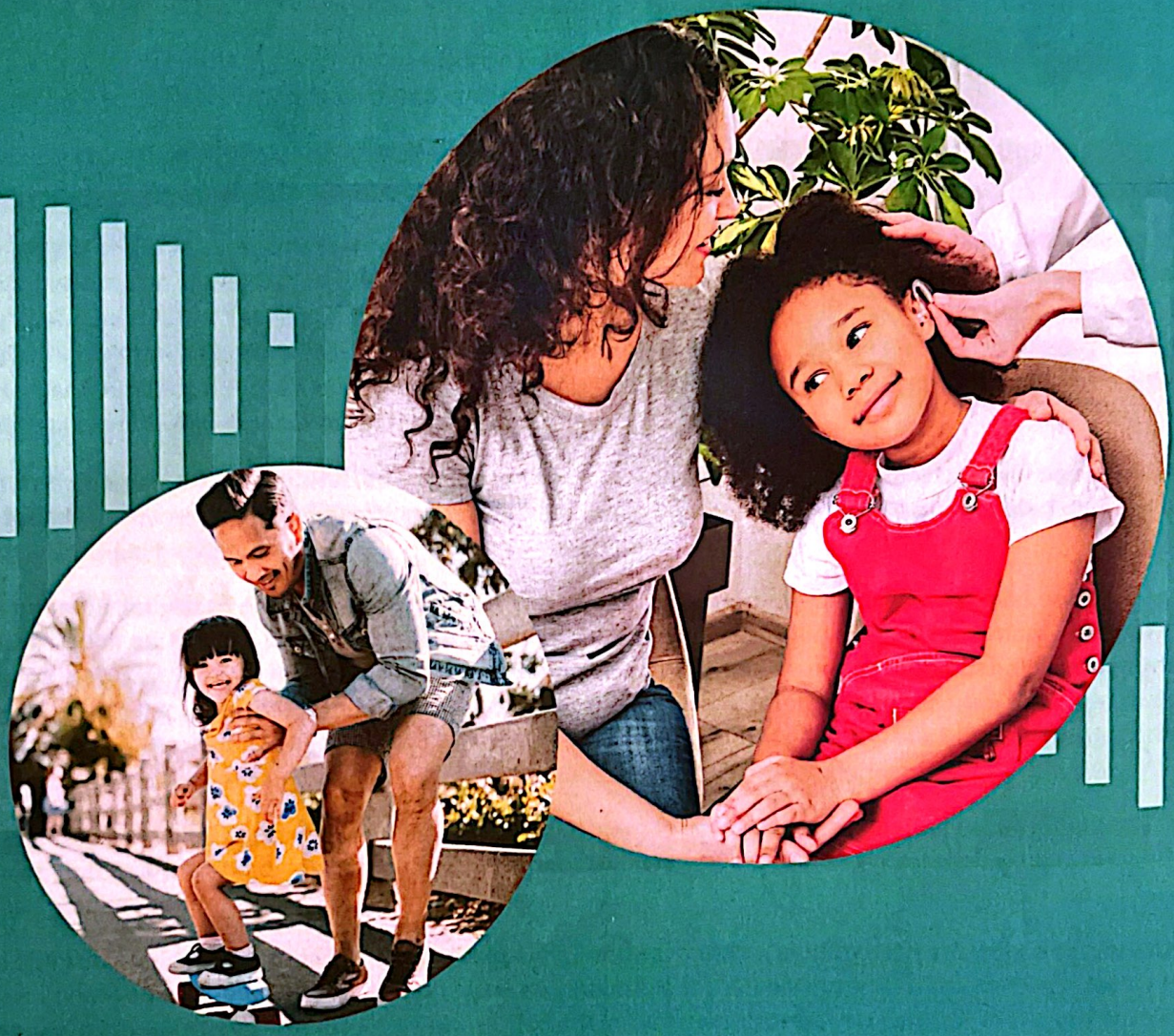
Miracle-Ear Foundation®



GIFT OF SOUND™ APPLICATION

Our mission is to provide access to life-changing hearing aids to those who have no other means of obtaining them.

Gift of Sound Program Description

The Miracle-Ear Foundation® serves children and adults who have a hearing loss. Our Gift of Sound™ program provides hearing aids and hearing support services at no cost* to families or individuals who have limited incomes, who are unable to afford the cost of quality hearing instruments, and who have exhausted all possible resources for their hearing health. Hearing challenges are unique; every application for service and support is considered on an individual basis. The recommended hearing aid style will depend on a person's specific hearing condition and circumstances.

*Application fee for adults, ages 19 years and older, requesting services from the Miracle-Ear Foundation is $200. This is a non-refundable fee; please make sure you fit eligibility criteria before applying.

How the Gift of Sound Program Works

If you or your child has been diagnosed as having a hearing loss and it has been medically determined that a hearing instrument is needed, complete an application form and supply the supporting documents detailed in the application form. These supporting documents include, but are not limited to, a dated audiogram and physician's medical clearance form, as well as financial information to indicate need for services from the Miracle-Ear Foundation. Please note that the physician's medical clearance and audiogram must be dated within the last six months for applicants under the age of 19.

These documents must be submitted directly to your local Miracle-Ear® store where they will be submitted to the Foundation for review and consideration. This application is also online and may be completed digitally at: **www.miracle-earfoundation.org**.

If it is possible for you to obtain hearing aids for you or your child through publicly supported state or local programs such as, but not limited to, Aid to Families and Dependent Children, the Department of Rehabilitation, Children's Services, private health insurance, state Medicaid program, VA or vocational rehab, or other means **(such as obtaining financing)**, you are not eligible for this program. After your application has been reviewed by the Miracle-Ear Foundation, the store will be notified by email. If your application is accepted into our program, an appointment will be set up by your local Miracle-Ear store.

After you have received approval and your first appointment is scheduled, the Hearing Care Professional (HCP) may test your hearing and discuss the specifics about the hearing loss. An impression may be taken of the ear(s) if an earmold is needed.

When the Miracle-Ear store receives the hearing aid(s) and earmold(s), an appointment will be set up with you to learn about the use, insertion, operation, care, and function of the hearing aid(s). You can then set up the necessary follow-up appointments with your HCP. At the next appointment, you can talk about any specific questions or concerns you or your child may need answers to regarding your progress with the hearing aid(s).

We recommend that every child with a hearing loss be directed to an audiologist for evaluation and rehabilitation since hearing loss often challenges children in the areas of language development, and educational and social growth. The Miracle-Ear store nearest you will be pleased to make recommendations to you and your child for long-term support.

Eligibility Requirements:

- Applicant must have a hearing loss that requires amplification (hearing aids).
- Applicant has no other resources available, including, but not limited to: insurance, state Medicaid program, VA or vocational rehab, state or locally provided/funded programs, other charity sources.
- Applicant must be denied financing options available at the Miracle-Ear store.
- Applicant's total household income must be at or below the chart provided to qualify. Please note this is not the only eligibility requirement; this is one component of the overall requirements.
- Applicant must complete an application form and provide a current audiogram.
- Children 18 years and younger must have medical clearance dated within the last six months signed by a physician (MD, ENT). While medical clearances are encouraged for adults, a signed medical waiver is acceptable.
- Applicant must possess a family commitment to intervention, rehabilitation, and necessary follow-up services, which is especially important for a child applicant as they grow.
- Applicant must be a resident or citizen of the U.S. or Puerto Rico.

Family Size	Total Household Income
1	$30,120
2	$40,880
3	$51,640
4	$62,400
5	$73,160
6	$83,920
7	$94,680
8	$105,440

*Revised in 2024

Note: Repeat adult applicants (19 & older), who still meet all eligibility requirements may reapply every five years from when they last received hearing aids from the Miracle-Ear Foundation. Child applicants (18 & younger) may reapply every three years if the family still fits the eligibility criteria.

If you fit within the eligibility requirements and have carefully reviewed the criteria for income, assets and hearing loss, you may be eligible for services from the Miracle-Ear Foundation. Applicants must contact their local Miracle-Ear store to submit the application, supporting documents and application fee ($200 adults only).

The Miracle-Ear store will make their referral and forward your application to the Miracle-Ear Foundation for approval. The store will receive notification by email within four weeks of requesting additional documentation, or with notification that your application has been approved or denied services. For more details on the process, refer to page one on 'How the Gift of Sound Program Works'. If you have other questions about your eligibility, please call 1-800-234-5422.

Loss or Damage:

- For adults there is **no replacement for loss or damage.** For children, 18 years and younger, if a hearing aid is lost or damaged within three years of receipt from the Foundation, a notarized letter detailing the situation must be presented to the Foundation to replace the hearing aid. The Miracle-Ear Foundation will not replace a hearing aid due to loss more than once in lifetime.
- Repair of hearing aids for adult applicants within three years will be covered by the Miracle-Ear Foundation. Beyond three years, normal repair fees apply. Individuals can purchase service plans through a Miracle-Ear store.
- Repair of hearing aids dispensed for children (age 18 and younger) will be based on the specific warranty of the hearing aid.
- Provided proper care and maintenance of the earmold and hearing aid(s) have been taken as instructed, the Foundation will provide new ear mold(s) for children only based on their changing need. Adult recipients are responsible for any future revisions to their ear molds.

Adult Applicants (Age 19 and Older) & Miracle-Ear Store Must Complete This Page

This program is intended to assist underserved hearing impaired individuals who have no other resources for hearing solutions. If you have exhausted all other options for assistance with hearing aids, and fit the income eligibility guidelines, this may be a resource for you. The application must be filled out completely for evaluation, must include the supporting documents listed on the checklist below, and must be sent along with the non-refundable $200 application fee by your local Miracle-Ear store.

Step 1: Visit a Participating Miracle-Ear® Store

To locate a participating store, call 1-800-464-8002 or visit www.miracle-ear.com. You must confirm if the store participates in the Miracle-Ear Foundation program and if they can accept your application for services. **You must be denied financing options available by the store before applying.** (You must obtain this at the Miracle-Ear Store).

To be completed by Miracle-Ear Store:
Miracle-Ear store selected: (please print clearly)

☐ HCP/FOA confirm denied financing (initial here) _____

CF/CR Number | City/State | Franchise Owner

HCP Name | FOA Name | Applicant Sycle ID #

Step 2: Complete Application

Fully complete the application and review that the information you submit is correct regarding household size and household income. The medical clearance form on page seven is for your physician's signature or for you to waive medical examination. Incomplete applications will not be considered and will cause a delay in application processing times.

Step 3: Attach Required Supporting Documentation

Submit a current copy of your 1040, 1040A, or 1040-SR federal tax form(s) if you file income taxes. If you do not submit this financial document, your application will not be reviewed or processed for services. If the household does not file taxes and receives benefits (SS/SSI/ Disability), please submit the award/benefit statement(s) along with two recent, complete monthly bank statements showing all transactions. We require documentation containing proof of income for every adult in your household.

Step 4:

Include a Money Order or Cashier's Check for the non-refundable $200 application fee made payable to the Miracle-Ear Foundation. (Personal checks, credit cards and cash are not accepted.)

Step 5:

Submit the following to the Miracle-Ear store selected.

- ☐ Completed application (pages 3, 5-9, and 10 are optional)
- ☐ Copy of the household's 1040, 1040A, or 1040-SR. If you don't file taxes, please submit your government benefit statement(s) and two most recent, complete monthly bank statements for every adult in household
- ☐ $200 Money Order/Cashier's Check made payable to Miracle-Ear Foundation
- ☐ Sign and date the Release of Information below and submit as part of the application

I acknowledge that I have exhausted all resources in trying to seek hearing help. I hereby certify that to the best of my knowledge the information in this application referring to my financial information and resources, family size, and insurance are true and correct. I authorize the Miracle-Ear Foundation to verify this information and I understand that any statement which is found to be false may result in my disqualification from the services offered by the Miracle-Ear Foundation. I further understand that the application fee is non-refundable.

Applicant Name (please print) _____ Birthdate _____

Applicant Signature _____ Date _____

TO BE COMPLETED BY STORE & ADULT APPLICANT

Child Applicants (Age 18 and Younger) & Miracle-Ear Store Must Complete This Page

This program is intended to assist underserved hearing impaired individuals who have no other resources for hearing solutions. If you have exhausted all other options for assistance with hearing aids, and fit the income eligibility guidelines, this may be a resource for your child. The application must be filled out completely for evaluation, along with both a medical clearance form from your physician and an audiogram dated within the last six months of your application. The parent/guardian of the applicant must fill out the details below and include the supporting documents on the checklist.

TO BE COMPLETED BY STORE & CHILD APPLICANT

Step 1: Medical Clearance and Current Audiogram

Child applicants must have an audiogram completed by an audiologist and a medical clearance form completed by a physician (MD, ENT) in order to be fitted with hearing aids. The medical clearance form can be found on page seven. Both must be dated within six months of application to the Miracle-Ear Foundation.

Step 2: Visit a Participating Miracle-Ear® Store

Find a Miracle-Ear store near you by calling 1-800-464-8002 or use our online store locator at www.miracle-ear.com. Ask if the store participates in the Miracle-Ear Foundation program and if they can accept your application for services.

To be completed by Miracle-Ear Store:
Miracle-Ear store selected: (please print clearly)

☐ HCP/FOA confirm denied financing (initial here) _____

CF Number _____ City/State _____ Franchise Owner _____

HCP Name _____ FOA Name _____ Applicant Sycle ID # _____

Step 3: Complete the Application

Fully complete the application and review that the information you submit is correct regarding household size and household income.

Step 4: Attach Required Financial Documentation

Include a copy of the household's current 1040 or 1040A federal tax form with your application if you file income taxes. If you do not file taxes and receive benefits (SS/SSI/Disability), please submit the household's award/benefit statements along with two recent, complete monthly bank statements showing all transactions.

Step 5: Submit the Application to the Participating Miracle-Ear Store

Submit the following to the Miracle-Ear store selected.

- ☐ Copy of your child's audiogram - dated within the last six months
- ☐ Medical Clearance from physician - dated within the last six months (page 7)
- ☐ Completed application (pages 4-8)
- ☐ Copy of your 1040 or 1040A if you file taxes. If you do not file taxes, submit your government benefit statement(s) and two most recent, complete monthly bank statements for every adult in household
- ☐ Sign and date the Release of Information below and submit as part of the application

I acknowledge that I have exhausted all resources in trying to seek hearing help for my child. I hereby certify that to the best of my knowledge the information in this application referring to my financial information and resources, family size, insurance are true and correct. I authorize the Miracle-Ear Foundation to verify this information and I understand that any statement which is found to be false may result in my child's disqualification from the services offered by the Miracle-Ear Foundation.

Applicant (Child's) Name (please print) _____ Child's Birthdate _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

General Information (All applicants MUST complete this page)

(Please print clearly)

Date: _____

Applicant's First Name: _____ Middle: _____ Last: _____

Birthdate: _____ Age: _____

☐ Male ☐ Female ☐ Non-Binary ☐ I'd like to use my own words: _____

Race/Ethnicity (you may check more than one):

☐ Asian ☐ Black, African American ☐ West Asian or North African (Middle Eastern)

☐ Hispanic, Latino and/or Afro-Latino ☐ American Indian, Native American and/or Alaskan Native

☐ Native Hawaiian or other Pacific Islander ☐ White

☐ I'd like to use my own words: _____

TO BE COMPLETED BY APPLICANT

Name of Parent/Guardian (if applicant is a minor): _____

Relationship to Applicant: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated

Home Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Employment Status: ☐ Employed ☐ Retired ☐ Other _____

Name of Current Employer (Parent/Guardian info if child applicant): _____

How long have you been employed there? _____ (years/months)

Present hearing aid user: ☐ Yes ☐ No If yes, year/date received: _____

If yes, type of hearing aid: ☐ In-the-ear ☐ Behind-the-ear ☐ Other: _____

Were you ever provided hearing aids by the Miracle-Ear Foundation? ☐ Yes ☐ No

If yes, date/year received: _____

Have you ever applied for assistance to purchase hearing aids through public or community programs? ☐ Yes ☐ No

If yes, date/year received: _____

PLEASE NOTE: Hearing aids do not restore natural hearing. Individual experiences vary depending on severity of hearing loss, accuracy of evaluation, proper fit and ability to adapt to amplification.

Household and Financial Information (All applicants MUST complete this page)

TO BE COMPLETED BY APPLICANT

Applicant Name: _____

Number in Household: _____
(Household is defined as all those who live together or are dependent on each other.)

Other adults (age 18 and older) living in home:

Name: _____ Name: _____

Age: _____ Age: _____

Relationship: _____ Relationship: _____

Monthly Income: _____ Monthly Income: _____

Source of Income: _____ Source of Income: _____

Total Family Income $: _____

(if more than two other adults, please list above information on separate page)

Ages of persons dependent on this income (include adults and children):

_____, _____, _____, _____, _____, _____

MARK ONE BOX FOR EACH ITEM. (FORM MUST BE COMPLETE TO PROCESS APPLICATION)
Do you currently have or receive the following and please list amount:

	Yes	No	Amount		Yes	No	Amount
Checking Account	☐	☐	$_____	Monthly Income (if employed)	☐	☐	$_____/mo
Savings Account	☐	☐	$_____	Social Security Income	☐	☐	$_____/mo
Credit Card Balance	☐	☐	$_____	Supplemental Security Income (SSI/SSDI)	☐	☐	$_____/mo
Pension/Retirement	☐	☐	$_____	Child Support	☐	☐	$_____/mo
Money Market Account	☐	☐	$_____	Are you a Medicaid recipient?	☐	☐	$_____/mo

Do you file Federal income taxes? ☐ Yes - If yes, attach a copy of your most recent 1040 federal income tax form.
☐ No - If no, why not? _____

Please attach a copy of the most recent tax form (1040/1040A/1040-SR) for all adults age 18 and older in the household. If you do not file taxes and receive government benefits, please submit the award statement(s) of these benefits and your complete bank statements from the last two months.

What insurance company provides your health coverage? _____

Are there any other pre-existing conditions or family hardships we should be aware of?

If yes, please list: _____

_____

_____

Medical Clearance (MUST be completed by a Physician, MD, ENT)

Child Applicant 18 and younger must have clearance from a physician to receive services from Miracle-Ear.® While a medical clearance is encouraged for adults, the waiver of medical clearance below is acceptable for adults only.

I have evaluated (print child or adult name): _____
and find that they have a hearing loss that makes them a candidate for a hearing aid, and that no medical contra-indications for amplification exist.

Date: _____

Physician Name (please print): _____

Physician Address: _____

_____

Physician Phone Number: _____

Signature of Physician: _____

Waiver of Medical Clearance

Adult Applicant Only:

For adults aged 19 or older, medical evaluation by a physician OR a medical waiver signed by the patient (below) is needed before services can be provided.

I understand that it is in my best interest and recommended by Miracle-Ear and the Food and Drug administration to receive a medical examination by a licensed physician (preferably a physician who specializes in diseases of the ear) before acquisition of hearing aids. I choose not to receive a medical examination before acquiring hearing aids.

Date: _____

Applicant Name (please print): _____

Signature of Adult Applicant: _____

TO BE COMPLETED BY APPLICANT

Applicant Biography

TO BE COMPLETED BY APPLICANT

Name: _____

I first noticed my hearing loss when: _____

_____

_____

Hearing loss has impacted my work/education by: _____

_____

_____

Hearing loss affects my social life because: _____

_____

_____

I heard about the Miracle-Ear Foundation through: _____

_____

After I receive the Gift of Sound, I'm most looking forward to (hobby/activity): _____

_____

My favorite sound is: _____

_____

I expect the biggest benefit of receiving hearing aids to be: _____

_____

_____

(If you've used hearing aids in the past) My previous experience with hearing aids was: _____

_____

_____

Sharing stories helps the Miracle-Ear Foundation educate and lessen societal stigma around hearing loss. Would your family be willing to share your story with interested media that write about hearing loss? If yes, please sign the Applicant Testimonial Consent and Release Form (page 10). To protect your privacy, only first names and last initial will be used.

Gift of Sound Program Participation Agreement (Must Read & Sign)

1. I understand that this program is designed for, and restricted to, adults and children with limited income. I have made full and truthful disclosure of my financial status to the Miracle-Ear Foundation (the "Foundation").

2. **I understand that the Foundation is not responsible to replace lost or damaged hearing aids, or for adjusting a hearing aid model as a result of change in hearing loss and that I cannot reapply for new hearing aids within the first five years (three years for children) of the original date I received my hearing aids. I further acknowledge that there is a limited repair warranty from the date I receive my hearing aids.**

3. As a client of the Foundation, I agree to have my (my child's) hearing tested every year. I further agree to make appointments at the Miracle-Ear store that dispensed the hearing aid(s) at least every three months for follow-up appointments as long I have the hearing aid(s). If for any reason I/my child is not using the hearing aid, I will notify the Miracle-Ear store immediately. It may be possible for the store to adjust the hearing aid, or to provide further information regarding successful hearing aid use.

4. I have been instructed in (1) the use of the controls/switches on the hearing aid(s); (2) proper method of inserting the ear mold; (3) proper care and maintenance of both the ear mold and hearing aid; and (4) size and type of battery for the hearing aid(s).

5. I understand that I am responsible for purchasing the batteries for the hearing aids and that batteries and hearing aids are not toys and should be kept out of the reach of anyone who might swallow these items. I understand that the battery should never be changed in front of children and that batteries should be discarded in a place where they cannot be reached by children.

   If hearing aid batteries are swallowed, call a physician immediately and call the National Button Battery Hotline, (800) 498-8666.

6. I understand the risks of physical injury to a child improperly using a product such as a hearing aid and I agree that in the event of injury resulting from improper use and/or maintenance, I will not seek compensation from the Foundation, the Miracle-Ear franchisee, Amplifon USA, or its affiliates.

7. I am aware that, under no circumstances, should I make attempts to repair or have the hearing aid(s) repaired outside the Miracle-Ear store.

8. I understand that the Miracle-Ear store is ready to assist with any problem in the use of the hearing aid, but that their time is limited and an appointment needs to be scheduled in advance. I also agree to notify the Miracle-Ear store of any changes in my address or phone number.

TO BE COMPLETED BY APPLICANT

Recipient Printed Name _____ Date _____

Signature (Recipient or parent/legal guardian) _____

Foundation Recipient (Individual/Family) Testimonial Consent and Release Form

Purpose of Consent: By signing this form, you are hereby granting the Miracle-Ear Foundation, its parent company, and others working for or on its behalf including, but not limited to, advertising agencies, promotion agencies, and fulfillment agencies (the "Licensed Parties") to use and publicize your name, the name(s) of the person(s) reflected below, your/their testimonial(s), and any information contained therein, including certain individually identifiable health information, for advertising, promotion and other commercial and business purposes, which may be distributed to the public in various formats.

Right to Revoke: You have the right to revoke this Release at any time by providing written notice of your revocation and submitting it to:
Miracle-Ear Foundation, Fifth Street Towers, 150 South Fifth Street, Suite 2300, Minneapolis, MN 55402

Note: Revocation of this Release will not affect any action or use of your testimonial and the information contained therein prior to our receipt of revocation.

TO BE COMPLETED BY APPLICANT

CONSENT AND RELEASE

I/we hereby permit and authorize the Licensed Parties to display, publicly perform, exhibit, transmit, broadcast, reproduce, record, photograph, digitize, modify, alter, edit, adapt, create derivative works, or otherwise use and permit others to use my/our/their name and testimonial and any information contained therein, including certain individually identifiable health information, as well as other and all materials created by or on behalf of the Licensed Parties that incorporate any of the foregoing, on a perpetual basis in any medium or format whatsoever now existing and hereafter created for the purpose of advertising, public relations, publicity, packaging and promotion of the Licensed Parties and their products and services without further consent from or royalty, payment or other compensation to me/us/them.

I/we/they understand that I/we/they shall have no right of approval, no claim to additional compensation, and no claim related to any use of the above. I/we/they also agree that I/we/they will have no rights in or to any and all copyrights, photographs or other creative works in which any of the above are used.

By signing this Release I/we/they agree and acknowledge that I/we/they have read and understood the above Release and agree to all terms described and confirm that I of legal age, have the legal authority to represent all the individual person(s) named below and freely sign this Release.

_____ _____

Recipient Printed Name Date

_____

Recipient or Parent/Guardian Signature

Person(s) Covered by this Testimonial Consent and release Form:

Full Name	**Relationship to the Signer** (Self/Child/Dependent, etc.)

Frequently Asked Questions

What is the mission of the Miracle-Ear Foundation?
The mission of the Miracle-Ear Foundation® is to provide access to life-changing hearing aids to those who have no other means of obtaining them. The Miracle-Ear Foundation is a Minneapolis-based non-profit and works to provide hearing instruments to qualified applicants across the United States.

How long does it take to process my application?
If the application and supporting documents are completed in full, it can take up to four weeks to process your application. The store will be notified via email of the outcome. However, applications that are not completely filled out or are missing information will delay the application process or stop it completely.

How are these $200 hearing aids different from what other people buy at Miracle-Ear?
The hearing aids gifted to our qualified applicants are not $200. They are the same hearing aids that can be purchased in store. The average cost of a hearing aid is $1,000 to $4,000.

Can the $200 non-refundable application fee be waived?
While the Board of Directors understands that this fee may be a hardship, the non-refundable application fee is consistent with other like charities that help individuals with their hearing health. We require the $200 non-refundable application fee for all adult applicants 19 & older without exception. Based on our eligibility criteria, adults should not submit an application or application fee if they do not meet these guidelines for this service. The Miracle-Ear Foundation can answer your questions to see if you may be an eligible candidate before you submit an application. If you have questions, please contact the Miracle-Ear Foundation at 1-800-234-5422. Many applicants have sought out support from their church, Lions Club, family, or other community resources for assistance with this fee.

Can I pay the adult application fee with a personal check?
The $200 non-refundable application fee can only be paid with a cashier's check or money order made payable to the Miracle-Ear Foundation. Personal checks cannot be accepted and will prevent your application from being processed until an acceptable form of payment is received.

Is net or gross income needed when applying to the Miracle-Ear Foundation?
The guidelines are based on gross income. Please provide a copy of current 1040/1040A tax form(s) if you file taxes or copies of government benefit award statements and your last two monthly bank statements (if you do not file taxes) for you and all adult members of your household to verify your income eligibility.

How do I apply to the Miracle-Ear Foundation?
Your application and supporting documents must be submitted through your local Miracle-Ear store. If you are unsure where this may be, please call 1-800-464-8002 and they will direct you to the closest Miracle-Ear center.

Why am I asked to sign a publicity waiver/Applicant Testimonial Consent and Release form?
Sharing our recipients' stories helps the Miracle-Ear Foundation educate and lessen the societal stigma around hearing loss. If you are willing to share your story with others, we are required to have you sign the Applicant Testimonial Consent and Release form. While we encourage all applicants to sign this form, if you do not wish to share your story you do not have to sign it.

Frequently Asked Questions continued on the next page

What paperwork is needed from the applicant?

- Application completed in full. For adults: pages 3, 5-10; children: pages 4-10.
- Current Audiogram dated within the last six months for child applicants 18 & younger.
- Medical Clearance form (pg. 7) must be signed by a Medical Doctor (for child applicants 18 & under). Adults may choose to waive their right to consult with their doctor by signing the Waiver of Medical Clearance (pg. 7 bottom section)
- Total household size and total household income
- Copy of the most recent 1040, 1040A, or 1040-SR federal tax form if you file taxes, or Government Benefit Award Statement and the last two monthly bank statements (if you do not file taxes) for the applicant and all adult members of their household
- Money order or cashier's check for $200, payable to the Miracle-Ear Foundation. This is a non-refundable application fee for applicants 19 years of age or older.

How often can a recipient receive a new hearing aid through the Miracle-Ear Foundation?

Previous adult recipients may reapply for new hearing aids every five years from the date they received their hearing aid(s) through the Foundation. Child applicants 18 & under can reapply every three years.

Will I have to pay for ear molds?

Adults receive their first pair of ear molds free of charge. After that there will a charge for any new ear molds. Ear molds for children will always be free of charge through the Foundation as they are continuing to grow.

Why do all of the adults in my household have to provide their current 1040/1040A/1040-SR tax form(s)/Social Security/Government Benefit Award statement(s)?

The income guidelines are based on the total household income; therefore, we need to verify the total income of every adult in your household with their current 1040 tax form(s) or Government Benefit Award statement(s) and last two monthly bank statements. A household is defined as all those who live together or are dependent on each other.

Can I submit a copy of my W-2 or a paycheck summary instead of my 1040 tax form?

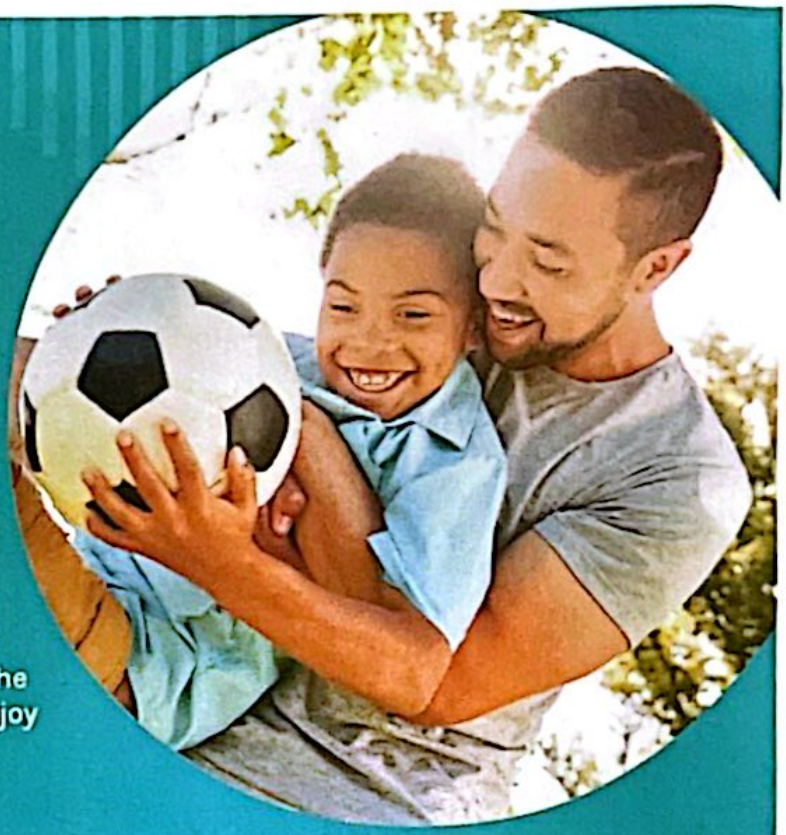
We cannot accept W-2s or paycheck summaries instead of your 1040/1040A/1040-SR tax form as proof of income.

Is there a warranty for my hearing aids?

The warranty for adult recipients is three years and **does not cover lost or damaged hearing aids**. The warranty for child recipients is three years and will cover one replacement per ear within the three year period for lost or damaged hearing aids.

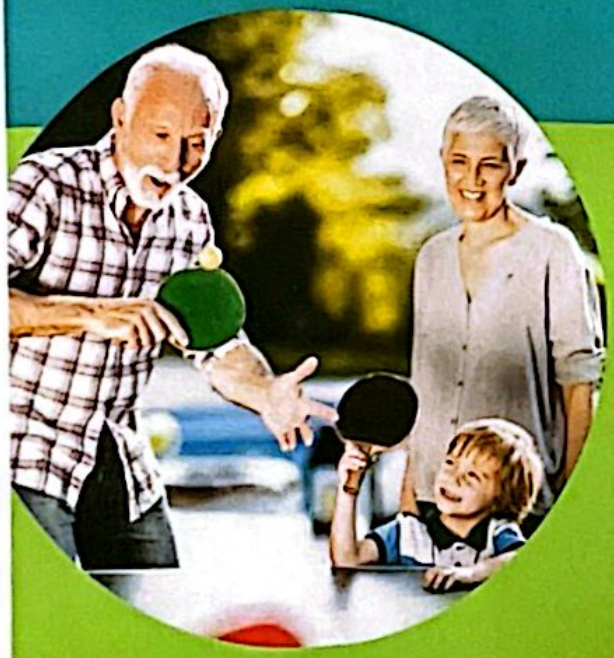
What happens if an adult recipient loses or damages their hearing aid(s)?

The Miracle-Ear Foundation does not replace lost or damaged hearing aids for adult recipients (19 and older). We encourage you to take special care of your hearing aids to avoid damaging or losing them. When not in your ears, keep them in a safe place where they will not be misplaced or damaged. If you would like to replace lost or damaged hearing aids, you will be responsible for purchasing new hearing aids through your local Miracle-Ear store. You may only reapply for new hearing aids through the Miracle-Ear Foundation every five years.



Hearing again can be life-changing.

Many causes of hearing loss can be treated effectively with properly fitted hearing instruments. Having the means to hear again with the help of Miracle-Ear® hearing instruments can improve life dramatically for recipients - helping them feel better about themselves, succeed in school, contribute in the workplace, reconnect with family and friends, and enjoy social gatherings again.



Could you - or someone you know - benefit?

Given that one in ten people experience at least some hearing loss, it's likely that you or someone you know could benefit from hearing instruments. If you or a loved one are embarrassed or frustrated by an inability to hear, or if hearing loss is making it difficult to enjoy conversations with others or participate in group activities, a complete hearing evaluation is in order.

To find out more or to give the Gift of Sound™ through a donation, visit www.miracle-earfoundation.org or talk with a Hearing Care Professional at your local Miracle-Ear store.

Miracle-Ear®

Miracle-Ear Foundation®

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