

# Application for a Hearing Services Voucher



Australian Government

Department of Health and Ageing

## Voucher Benefits

- A **FREE** comprehensive Hearing Assessment.
- Subsidised hearing aids if your hearing assessment results indicate that you require them.
- All hearing aid batteries and in-house repairs covered by a small annual fee.
- Continuing support for all your hearing needs by our highly qualified audiologists.

## Am I Eligible?

**You are eligible for the program if you are an Australian Citizen or permanent resident 21 years or older and you are:**

- A Centrelink Pensioner Concession Card Holder;
- Receiving Sickness Allowance from Centrelink;
- The holder of a Gold Repatriation Health Card issued for all conditions;

- The holder of a White Repatriation Health Card issued for conditions that include hearing loss;
- A dependent of a person in one of the above categories;
- A member of the Australian Defence Force;
- or Part of the Australian Government funded Disability Employment Services (DES).

## How do I Apply?

1. Fill out and sign the attached application form.
2. Have your GP complete and sign the Medical Practitioner Certification section.
3. Return the completed form to our Head Office:  
**Ear & Hearing Australia**  
**2 Cotham Rd, Kew 3101**
4. As soon as we check your eligibility and your voucher is issued, we will call you to arrange an appointment.

**For more information call 1300 761 667  
or visit [www.ear-hearing.com.au](http://www.ear-hearing.com.au)**

*Ear & Hearing*  
Australia

**Ear & Hearing Australia** is accredited by the Government Department of Health and Ageing, providing Hearing Services to eligible Pensioners and Veterans.

## CLIENT DETAILS\*

Title	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Date of birth
<input type="text"/>		<input type="text"/>
Postal Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone		
<input type="text"/>		
Email		
<input type="text"/>		

\* Please write your name exactly as it appears on your eligibility card.

## ELIGIBILITY TYPE (Please tick the relevant box)

- |   |  |
|---|--|
| <input type="checkbox"/> Centrelink Pensioner Concession Card (PCC) | <input type="checkbox"/> DVA White Health Repatriation Card (for hearing loss) |
| <input type="checkbox"/> Centrelink Sickness Allowance              | <input type="checkbox"/> Dependant of a concession card holder                 |
| <input type="checkbox"/> DVA Pensioner Concession Card              | <input type="checkbox"/> Member of the Australian Defence Force                |
| <input type="checkbox"/> DVA Gold Health Repatriation Card          |  |

Eligibility Number

This is the number on your eligibility card. For example: Centrelink Pensioner Concession Card, DVA gold or white card (for hearing loss).

## AUTHORISATION AND PRIVACY ADVICE

The Department of Health (the Department) requires personal information about you in order to process your voucher application and may need to disclose relevant details to the Departments of Human Services, Veterans Affairs and the National Disability Insurance Agency. *(Please tick the boxes below to confirm your consent to this.)*

- I authorise the Department to store personal information and disclose it to other organisations.
- I authorise Ear & Hearing Australia to view & manage my details for the purpose of administering the Hearing Services Program.

Signature

Date

## MEDICAL PRACTITIONER CERTIFICATION (To be completed by your Medical Practitioner)

Medicare Provider Number

Telephone

**Are there contraindications to the fitting of a hearing device to this client?**

- YES** (may still be eligible for other hearing services)       **NO**

Medical Practitioner's Signature

Date

Medical Practitioner Stamp  
(Must include Medicare Provider Number)

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