

MARYLAND STATE DEPARTMENT OF EDUCATION
Division of Early Intervention and Special Education Services

MARYLAND HEARING AID LOAN BANK
HEARING AID LOAN EXTENSION FORM

The purpose of this program is to provide temporary hearing aids for children with hearing loss under the age of 18 while they are waiting to receive their personal amplification devices. Please contact the Hearing Aid Loan Bank via e-mail at zella.shabasson@maryland.gov.

This application is for the purpose of extending the initial six-month loan for a period of three months.

Please complete Parts A-C of this application and return to:
Maryland State Department of Education
Division of Early Intervention and Special Education Services
200 West Baltimore Street
Baltimore, Maryland 21201
ATTN: Zella Shabasson
Email: zella.shabasson@maryland.gov
Fax: (410) 410-767-8698

The information contained on this form will be kept confidential.

PART A

Child's Information

Name: _____ Date of Birth: _____

Parent/Legal Guardian's Name: _____

Email: _____

Mailing Address: _____

Home #: _____ Cell phone #: _____

Date Submitted: _____

PART B - To be completed by the parent or legal guardian

1. Please describe why you need to extend the hearing aid loan for your child and have been unable to access personal hearing aids for your child in the past six months

2. Do you need information regarding resources to secure permanent hearing aids?

HEARING AID LOAN EXTENSION AGREEMENT

_____ I AGREE THAT MY CHILD WILL RECEIVE (A) LOANER HEARING AID(S) FROM THE MARYLAND STATE DEPARTMENT OF EDUCATION, DIVISION OF SPECIAL EDUCATION AND EARLY INTERVENTION SERVICES

_____ **I AGREE THAT IT IS MY RESPONSIBILITY TO MAINTAIN AND CARE FOR THE HEARING AID(S) AND THAT I WILL BE RESPONSIBLE FOR ANY LOSS OR DAMAGE NOT COVERED BY THE HEARING AID WARRANTY UP TO \$150.00. THIS EXCLUDES NORMAL WEAR AND TEAR.**

_____ I AGREE THAT MY CHILD WILL HAVE USE OF THIS/THESE HEARING AID(S) FOR 3 ADDITIONAL MONTHS. IF MY CHILD HAS NOT RECEIVED HIS/HER PERSONAL AMPLIFICATION WITHIN THAT TIME, I MAY EXTEND THE LOAN PERIOD BY 3-MONTHS, BY COMPLETING AN EXTENSION AGREEMENT.

_____ I AGREE TO SEEK PERMANENT HEARING AID(S) OR COCHLEAR IMPLANT FOR MY CHILD.

_____ I AGREE THAT WHEN MY CHILD RECEIVES HIS/HER PERSONAL AMPLIFICATION, I WILL RETURN THE LOANER HEARING AID(S) TO MY AUDIOLOGIST, OR PERSONALLY RETURN IT TO THE LOANER BANK.

Parent/Legal Guardian Signature

Date

Requesting Audiologist Signature