OKLAHOMA
Rehabilitation Services

The Oklahoma Telecommunication Equipment Distribution Program

Senior Citizens and Children's Hearing Aid Program

The Senior Citizens Hearing Aid Program (SCHAP) is administered by the Department of Rehabilitation Services. To qualify for the program, you must meet four criteria.

1. Be at least 60 years of age.
2. Be a resident of the State of Oklahoma
3. Be on a limited income (see guidelines)
4. Have a 35db hearing loss in your better ear (one of our audiologists will administer a hearing test and determine your degree of hearing loss).

To apply for the program, you must complete an application along with verification of your monthly total income. We are required to have a physical record of your total income in our files. If you currently file income tax with the I.R.S., we need a copy of your return, Federal Tax Return along with verification of any Social Security income. If you do not file with the I.R.S., we need alternative documentation of your income. This must include a copy of a recent bank statement. The SCHAP program has very limited funding and ends every year with a waiting list of consumers we were unable to serve. Being firm about seeing documentation of income helps us feel confident that we are meeting our responsibility of serving low-income senior citizens. We will not be able to authorize your hearing test until we have all the required documentation.

Income Guidelines

# In family	Monthly income guideline
1	$3,392.00
2	$4,584.00
3	$5,596.00
4	$6,966.00
5	$8,158.00
6	$9,350.00
7	$10,542.00
8	$11,734.00

If your income is above the guideline, a co-payment will be charged. The co-payment will equal ten percent of the difference between your monthly income, and the monthly income guidelines.

We also need to know which audiologist you would like to use. You must select an office from our list of participating audiologists. We will send you a list of participating audiologists with your application form. You can indicate your selection on the last page of the application.

Once we have received all the necessary paperwork, we will fax an authorization to the audiologist you selected and then mail you a letter with instructions to make an appointment for a hearing test. If your hearing loss qualifies you for a hearing aid, the audiologist will take an ear mold impression, and order a hearing aid for you. You will then make another appointment to have the aid fitted. We are unfortunately only able to pay for one hearing aid. You can discuss the cost of purchasing a second aid with the audiologist if you choose. The kind of aid you receive (in the ear or behind the ear) will be decided based on the results of the hearing test, and discussion between you and the audiologist

OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES

APPLICATION FOR THE TELECOMMUNICATION EQUIPMENT DISTRIBUTION PROGRAM

1-866-309-1717 V/TTY or Video Phone 1-405-294-3977

Fax 1-580-622-5850

January 12,2026

First Name:	Middle Initial:	Last Name:
Social Security No:	D.O.B.	Street Address, city, state and zip:
County:	Email:	Mailing Address, city, state and zip:
1st Contact Name:	Phone with area code	Type: (Video Phone, Text, TTY or Voice)
2nd Contact Name:	2nd Contact phone with area code	2nd Type: (Video Phone, Text, TTY or Voice)

FAILURE TO PROVIDE VERIFICATION WILL DELAY APPLICATION PROCESS:

Documentation needed for eligibility determination:

Disability (please check one below)	**Verification document needed:**
❑ Deafness –or- ❑Hard of Hearing	If applying for a **HEARING AID** please send proof of household income and choice of audiologist from the program's list.
Deafness –or- ❑Hard of Hearing	…… If applying for **EQUIPMENT** please send proof of household income andproof of hearing loss (audiogram, driver's license, letter from social worker, doctor, etc.)
❑ Deaf\Blind	Proof of vision loss (legal blindness) You must also send proof of household income and proof of hearing loss.
❑ Communicative Disorder.....	Proof of communicative disorder. You must also send proof of household income.

PROOF OF INCOME: Number of people in home:_____Total gross monthly income:_____

Copy of your latest pay-check stub, social security check or retirement pension check OR bank statement showing direct deposit of your SS \ SSDI plus any income in stocks, savings, CD's etc. A copy of your most recent tax return can be accepted.

Mail required documents to: Deaf/Hard of Hearing 1000 W Choctaw Suite 4 Chickasha, Oklahoma 73018

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Your Oklahoma Telecommunication Equipment Distribution Program offers the following choices:

Communication Access	Home Notification Systems	Other Items of Interest
Landline Only • Corded Amplified Phone • Cordless Amplified Phone • Captel Phone with a standard analog telephone line(s) • Captel Phone with high-speed internet access **Cell Phone Accessories (Require Bluetooth)** • Cell Phone Amplifier Handset	Please choose the TYPE of equipment needed from this box. **Packages normally consist of a clock, remote receiver, and doorbell transmitter.** **Please choose one below.** **If you are unsure of the type, you would prefer please call us.** • I prefer a system that has visual alerting capabilities. **OR** • I prefer a system that has visual *and* audio capabilities.	Please choose any additional items you would be interested in. • Wireless Doorbell with chime and strobe (Home Aware Hub) • Baby monitor transmitter • Alarm Clock with Bedshaker • Pocket-Talker • Wireless Travel Alarm Clock/Bedshaker • Square Glow Flasher Kit • Square Glow alert doorbell camera • Square Glow Travel Alarm • Weather Radio • Strobe or Bed shaker

- ○ I am applying for the Senior Citizens Hearing Aid Program.
  Audiologists Choice: _____
- ○ I am applying for the Children's Hearing Aid Program.
- ○ I am applying for special assistance with Communication Equipment.

I HEREBY CERTIFY that all the statements made by me in this application are true and correct to the best of my knowledge and belief. I agree to notify this agency if there is any change in any information I furnish. I understand that all such information will be kept confidential and will only be used as required for assistance, reports, and audits as needed.

_____ _____

Signature: Date: