

HEARING LOSS CERTIFICATION Telecommunication Assistance Program (TAP)

Completion of this form meets the requirements of Wisconsin Statute § 46.297 and Wisconsin Administrative Rule Chapter DHS 78. An online version of this form is also available at <https://survey.alchemer.com/s3/7675859/TAP-Hearing-Loss-Certification-F-22554>.

Personally identifiable information (PII) on this form will be used to determine eligibility for assistance through the program and will be used only for this purpose.

This certificate **MUST BE** completed by a licensed physician, audiologist, or hearing instrument specialist.

Contact the TAP Program Coordinator at DHSTAP@dhs.wisconsin.gov or 608-267-7195 if you have any questions about this form or the TAP program.

Section 1: TAP applicant information

Applicant First Name _____ Last Name _____ Street Address (include unit number if any) _____

City _____ State _____ ZIP Code _____ Phone Number _____

WI _____

Section 2: To be completed by a licensed physician, audiologist, or hearing instrument specialist

For the purpose of this verification, this applicant has been tested and determined to be:

Deaf Deaf/Blind Severely Hard of Hearing

Profession: (select one) Audiologist Hearing Instrument Specialist*

Licensed Physician Other - Write In (required): _____

Signature of Professional Verifying Information _____ License Number _____ Date Examined (mm/dd/yyyy) _____

Print Name _____ Date Signed (mm/dd/yyyy) _____

Please provide your contact information in case we need to follow-up with you.

Phone Number: _____ Email Address (if available): _____

* **Hearing Instrument Specialists must** include copies of exam results/reports, pursuant to Chapter HAS 4, **and** tests must have been performed within the last six months of the submitted TAP application.

Must include exam copies from **a pure tone audiometry**, including air conduction testing and bone conduction testing **and at least one of the following**. Select all that apply.

Speech audiometry by live voice, or recorded voice, including speech reception threshold, speech discrimination testing, and most comfortable loudness measurements and loudness discomfort levels.

Appropriate masking when indicated.

Recording and interpretation of audiograms and speech audiometry to determine proper selection and adaptation of hearing instruments.

Section 3: Submit completed hearing loss certification form to:

Mail: DHS ODHH TAP
P.O. Box 2659
Madison, WI 53701-2659

Fax: DHS ODHH TAP
608-267-3203

Email: DHS ODHH TAP
DHSTAP@dhs.wisconsin.gov