



FAX: 1-604-485-2759
info@auditoryoutreach.ca

Request for Equipment

A **COMPLETED** Request must *include*: Audiology Report Permission-to-Share Form Student PEN Signatures

SD# _____ SD Name _____ School _____

Student NAME _____

Birthdate _____ Grade _____ PEN (required) _____

Student Hearing Aid/Implant Information

Hearing Aid: Make _____ Model _____	<input type="checkbox"/> Unilateral <input type="checkbox"/> Bilateral
Hearing Aid: Make _____ Model _____	
Cochlear Implant: Make _____ Model _____	

Equipment Being Requested

Receiver: <input type="checkbox"/> Roger X* <input type="checkbox"/> Roger Focus* <input type="checkbox"/> Roger MyLink <input type="checkbox"/> MLxi** <input type="checkbox"/> iSense micro** <input type="checkbox"/> Other: _____ <small>*Roger receivers for new fittings only, defined as new to program or no loaned receivers within six months. See full policy at www.auditoryoutreach.ca. **Discontinued FM receivers available as stock permits.</small>	<input type="checkbox"/> One <input type="checkbox"/> Two	<div style="border: 1px solid black; padding: 5px; width: fit-content;">CHANNEL (if applicable)</div>
Transmitter: <input type="checkbox"/> Roger Touchscreen <input type="checkbox"/> Other: _____ <input type="checkbox"/> Cochlear Mini Mic 2+ (CI and BAHAs students only; per audiologist/AO-PRP authorization)		
Special Requests: <input type="checkbox"/> Euro Adaptor <input type="checkbox"/> CI Retention Cover <input type="checkbox"/> Audio Shoe(s) _____		

Additional Information Required

1. Are other students in the SAME classroom using personal RMT? Yes No
 If yes, please provide full student name(s) _____

2. Are other students in the school using personal RMT? Soundfields in use? Yes No
 If yes, model(s) and channel(s)? _____



Student Name: _____

School Contact *(for questions concerning this request)*

Shipping Address Following Clinic

Name: _____

Position: _____

Phone: _____

Email: _____

Audiologist Authorization

Please sign below if you are the current audiologist and are certifying the equipment being requested is compatible with the student's hearing needs:

Date: _____ Name: _____

Email & Phone: _____ Signature: _____

Clinic Address: _____

School District Authorization

Auditory Outreach equipment and accessories are loaned to the school and/or school district. When program equipment or accessories are lost, or damaged beyond use, the school and/or school district agrees to compensate Auditory Outreach for replacement cost(s); and requests the equipment be loaned for the above student through the Auditory Outreach program. The equipment is due for return to Auditory Outreach when the student transfers to another district or independent school, or graduates from your district/school.

Date: _____ Name: _____

Position: _____ Signature: _____

Phone: _____ Email: _____

Estimated Replacement Costs

Receivers: Roger 20 \$1994; Roger X or Focus \$1249; Roger MyLink \$734; MLxi Baha-\$1399; MLxi or iSense micro \$1129; Freedom \$1799; Other: \$699+
Transmitters: Roger Touchscreen \$1690; Inspiro \$1499; Other: \$739+

