



State of Utah
Department of Workforce Services
INDEPENDENT LIVING / ASSISTIVE TECHNOLOGY PROGRAM
OFFER TO SELL – HEARING AID

Client: _____

Recommend fitting which ears: Right Left Both **(Please attach audiogram)**

Aid Brand: _____ Model: _____

Type (check one): BTE Full Shell Mini-Canal ITC BC Aid Body
 Special: _____

Type of aid recommended: Analog Aid Digitally Programmable Analog Aid Digital Aid
 Other: _____

Features recommended: Telecoil: MT T Potentiometers: Number of: _____
 Other: _____

Price:

This price includes: Earmold(s)
 Follow-up visits How many? _____
 Warranty for repair How long? _____
 Warranty for loss/damage How long? _____

Reason for selecting:

It is understood that if we permit a trial period prior to authorization, we do so at our own risk. Merchandise is not to be ordered or delivered to the consumer except on written authorization from your agency. All clients receiving hearing aids will receive a two-month trial period from the date of fit.

Retain copy and return original to:

IL Coordinator: _____ Telephone: _____
Address: _____
City, State, Zip: _____

Vendor Signature: /s/ _____ Telephone: _____
Name of company: _____
Address: _____
City, State, Zip: _____

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162