

Department of Assistive and Rehabilitative Services
 Division for Rehabilitation Services
 Office for Deaf and Hard of Hearing Services

Application for Certification of Deafness for Tuition Waiver

With few exceptions, you are entitled, on request, to be informed about the information that DARS DRS collects about you. You also are entitled to receive and review the information, and to have DARS DRS correct information about you that is incorrect. (Sections 552.021, 552.023, and 559.004 of the Gov't. Code)

*Mail completed application to 4900 North Lamar, Suite 2169, Austin, Texas 78751.
 Faxes are **not** accepted. Allow 14 business days for the application to be processed.*

1 Applicant Information

Applicant:	Social Security Number:	Sex: __ Male __ Female
Address:	City, State, Zip Code:	
Date of Birth:	Phone:	
<p>I understand DARS is not responsible for any fees or associated costs such as interpreters, CART, note taker services, or books as a result of this certification of deafness (unless otherwise noted in an Individualized Plan for Employment);</p> <p><input type="checkbox"/> I am a resident of the State of Texas;</p> <p><input type="checkbox"/> To the best of my knowledge, all information provided with this application is true.</p>		
Applicant Printed Name:	Applicant Signature:	Date:

Hearing Loss Information

2 Applicant completes A or has licensed hearing specialist complete B.

<p>A. Attach a copy of an audiogram (with legible examiner contact information) that documents one of the following:</p> <p style="margin-left: 20px;">An aided hearing loss of 30 decibels or greater in the better ear (using the average of the aided pure tones at 500, 1000, 2000 and 4000 Hz)</p> <p style="margin-left: 20px;">An unaided hearing loss of 55 decibels or greater in the better ear (using the average of the unaided pure tones at 500, 1000, 2000 and 4000 Hz)</p>					
B. Applicant's licensed hearing specialist provides the following information:					
Date of Test:					
Complete the chart that best represents the applicant's hearing loss.					
__ Aided __ Unaided					
Ear	500 Hz	1000 Hz	2000 Hz	4000 Hz	Average
Right					
Left					
Speech Discrimination:					
Hearing Specialist Printed Name:			Hearing Specialist Signature:		Date:
License Number:			Phone:		

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Audiologist completes if Section 2 criteria are not met.

Applicant's aided average is less than 30 decibels in the better ear (using the average of the aided pure tones at 500, 1000, 2000 and 4000 Hz) but the speech discrimination is less than 50%, or Applicant's unaided average is less than 55 decibels in the better ear (using the average of the unaided pure tones at 500, 1000, 2000 and 4000 Hz) but the speech discrimination is less than 50%.		
I certify the above individual is functionally deaf as the primary mode of communication in the classroom is visual.		
Audiologist Printed Name:	Audiologist Signature:	Date:
License Number:	Phone:	

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Physician Documentation of Hearing Information
Physician completes if Sections 2 or 3 criteria are not met.

Document the applicant's existing hearing loss or auditory impairment. Explain the severity and frequency of occurrence, and impact on the applicant's classroom comprehension, causing applicant to be "functionally deaf and dependent on visual communication."		
Physician Printed Name:	Physician Signature:	Date:
License Number:	Phone:	