



State of Arizona Department of Education  
Empowerment Scholarship Account

## CONFIRMATION OF DEAF OR HARD OF HEARING

Confirmation of parent being deaf or hard of hearing is required for a student to qualify for the Empowerment Scholarship Account under the category of a child of a parent who is deaf or hard of hearing pursuant to Arizona Revised Statutes (A.R.S.) § 36-1941. The Arizona Revised Statutes, § 36-1941, currently defines deaf or hard of hearing as follows:

2. "Deaf" means those persons who cannot generally understand speech sounds with or without a hearing aid when in optimal listening conditions.
3. "Hard of hearing" means those persons who have a degree of hearing loss greater than 40dB PTA-2, but less than 85dB PTA-2, in the better ear.

### Applicant/Patient:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Hearing Loss in Decibels      Rt: \_\_\_\_\_ Lft: \_\_\_\_\_

Deaf                               Yes    No

Hard of Hearing                 Yes    No

### Certifying Authority:

I certify that \_\_\_\_\_ is  Deaf    Hard of Hearing, as specified in the Arizona Revised Statutes definition quoted above.

(Signed) \_\_\_\_\_ (Date) \_\_\_\_\_

(Title) \_\_\_\_\_

Please attach your business card or print/type your name, profession, address, and phone number here:

(Name) \_\_\_\_\_

(Profession) \_\_\_\_\_

(Address) \_\_\_\_\_

(Phone Number) \_\_\_\_\_