



Colorado
Gerontological
Society
Leaders in aging

DO NOT RETURN THIS
PAGE



INSTRUCTIONS TO APPLY FOR A SENIOR ANSWERS AND SERVICES HEARING GRANT

PLEASE READ BEFORE FILLING OUT THE ENCLOSED FORM.

Call 303-333-3482 if you have questions.

Application available in Spanish upon request. Call 1-855-880-4777

Older adults age 60 and over who live in Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson County may apply for a grant for partial assistance with hearing aids and an exam. Priority is given to older adults who are in the greatest economic and social need.

HOW TO APPLY FOR A GRANT:

1. Complete the attached Intake Form.
2. Select an audiologist from the attached list. Call 303-333-3482 if you want to use another audiologist
3. Submit the completed Intake Form to the Senior Answers and Services Hearing Program, 1129 N Pennsylvania St, Denver CO 80203 [Be sure to **SIGN** the Intake Form, the Required Acknowledgments Form and the HIPPA - Disclosure Form]. INCOMPLETE FORMS WILL BE RETURNED.
4. You will be placed on the waiting list.

WHEN YOU ARE SELECTED TO RECEIVE A GRANT:

1. When funding is available, you will receive an Initial Grant Award Letter to make an appointment for an exam.
2. After your exam, a treatment plan will be submitted for a grant to cover hearing aids.
3. When you receive a Final Grant Award Letter, make another appointment with the audiologist to be fitted for your hearing aids.
4. After you receive your hearing aid, the audiologist will request payment from Senior Answers.
5. ANY CHARGES OVER THE AMOUNT APPROVED ARE THE PATIENT'S RESPONSIBILITY.

THINGS TO KNOW:

1. The Senior Answers program is NOT insurance.
2. Any work that is started prior to the grant award will not be covered by the grant.
3. Grants are for a limited time. All work must be completed in a timely fashion.
4. There is no guarantee of a grant, as grants are dependent on funding availability.

APPEAL RIGHTS:

You will receive a letter indicating that your Intake Form has been received and that you have been placed on the waiting list within six weeks. You may appeal your place on the waiting list if you believe we have inaccurate or incomplete information on the Form.

DONATIONS ARE GRATEFULLY ACCEPTED

PLEASE KEEP THIS LETTER AND THE ATTACHED COMPLAINTS PROCEDURES FOR YOUR RECORDS

Funding is made possible through grants from the Older Americans Act through the Denver Regional Council of Governments, Area Agency on Aging, other foundation grants and private donations.



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Hearing Services - Basic Intake Form

Welcome! Please tell us a bit about yourself so we can offer services that best meet your needs. We ask for demographic information to meet requirements from our funders. All your personal information is confidential. Please see the attached FAQs for more information and guidance on filling out this form.

Contact & Demographic Information:

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: _____ Age: _____

Gender: ☐ Male ☐ Female ☐ Other gender not listed: _____

Home Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Mailing Address Line 1: _____

Line 2 (Apt/Unit/Floor #): _____ City: _____

Zip: _____ County: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Primary language: ☐ English ☐ Spanish ☐ Other: _____

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race, select all that apply:

☐ American Indian/Alaska Native ☐ Native Hawaiian or Pacific Islander

☐ Asian or Asian American ☐ White

☐ Black or African American ☐ Other not listed: _____

Do you live: ☐ Alone ☐ With Others

Number of people in your household (including you): _____

Is your income above or below the amount listed for your household size: _____

☐ Above ☐ At/Below

Household Size	Monthly Income	Annual Income
1	\$1,073	\$12,880
2	\$1,452	\$17,420
3	\$1,830	\$21,960
4	\$2,208	\$26,500
For each additional person, add \$4,540 to annual income		

Emergency Contact:

Primary Emergency Contact:

Name: _____

Phone: _____ Relationship: _____

Interest in Other Services:

Health Insurance (select all that apply): ☐ Medicaid ☐ Medicare ☐ Other ☐ None

Are you interested in learning about nutrition and a healthy diet? ☐ Yes ☐ No

Would you like to hear about other services? ☐ Yes ☐ No

If yes, how can we contact you? ☐ Email ☐ Mail ☐ Phone

What services are you interested in? _____

Disclosures and Waivers

I have been informed of the policies regarding voluntary contributions, complaint procedures and appeal rights. I am aware that in order to receive requested services, it may be necessary to share information with other departments or service provider and I herewith give my consent to do so.

Signature: _____ Date: _____

For Office Use Only –

(If filled out by assessor or via phone, please have assessor check here and sign below ☐)

Filled Out By: _____ Date: _____

Name _____



Activities of Daily Living

1. I can eat without help.	Yes	No
2. I can dress without help		
3. I can bathe myself without help.		
4. I can use the toilet without help.		
5. I can get in and out of bed/chairs without help.		
6. I can get around inside my home without help.		
7. Are you currently receiving assistance with any of the above tasks from anyone else		
From whom are you receiving assistance? Phone _____		

Instrumental Activities of Daily Living

1. I can manage money without help.	Yes	No
2. I can take care of shopping without help.		
3. I can take my medications without help.		
4. I can prepare meals without help.		
5. I can do ordinary housework without help.		
6. I can get use the telephone without help.		
7. I can use transportation without help.		
From whom are you receiving assistance? Phone _____		

Language Ability *(Please Check All That Apply)*

- ☐ I have difficulty reading English, and require help to do so.
- ☐ I have difficulty writing English.
- ☐ I do not speak enough English to talk to someone who only speaks English and have them understand my need
- ☐ I do not understand enough English to speak to an English speaking person without the aid of an interpreter.

What Is the Income Range for All Persons in Your Household *(Please Circle Your Answer)*

1 PERSON	Less than \$1073/mo	Between \$1074/mo and \$1342/mo	Between \$1343/mo and \$1986/mo	More than \$1987/mo	Not Reported
2+ PERSONS	Less than \$1452/mo	Between \$1453/mo and \$1815/mo	Between \$1816/mo and \$2686/mo	More than \$1687/mo	Not Reported

Coordination of Benefits *(Please Check All Benefits You Currently Receive)*

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Colorado Old Age Pension (OAP) <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) <input type="checkbox"/> Low-income Energy Assistance Program (LEAP) <input type="checkbox"/> Colorado Rent Subsidy (Section 8 or HUD housing) <input type="checkbox"/> Property Tax/Rent/Heat Rebate <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> A Health Maintenance Organization (HMO), Private Fee for Service (PFFS), or Special Needs Plan (SNP) <i>(please indicate the name)</i>
_____ <input type="checkbox"/> Rocky Mountain Human Services (Long Term Care) <input type="checkbox"/> PACE (InnovAge or TRU Community Care) | <ul style="list-style-type: none"> <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Savings Program (MSP) <ul style="list-style-type: none"> <input type="checkbox"/> Qualified Medicare Benefit (QMB) <input type="checkbox"/> Qualifying Individual (QI-1) <input type="checkbox"/> Special Low Income Medicare (SLIMB) <input type="checkbox"/> Home and Community Based Services (HCBS) <input type="checkbox"/> Veterans Administration Benefits <input type="checkbox"/> TRICARE <input type="checkbox"/> Hearing Aid Insurance (please specify)
_____ <input type="checkbox"/> Other Hearing Benefit (please specify)
_____ |
|--|--|

Voluntary Contributions

This program is made possible through a grant from the Older Americans Act, through the Denver Regional Council of Governments, Area Agency on Aging, other grants and private donations. Any person receiving services shall have the opportunity to contribute towards the cost of the service. No eligible person shall be denied a service because of their inability and/or choice not to contribute. Individuals are not charged a set fee by the Colorado Gerontological Society for any services provided. Individuals are welcome to make a voluntary donation to help other seniors receive assistance. Donations for grants or other projects may be sent to Colorado Gerontological Society, 1129 Pennsylvania St, Denver CO 80203.

Your Name:



Hearing Needs

- ☐ 1. I have had continuing difficulty with my hearing for more than a year
- ☐ 2. I have trouble hearing very low or very high pitches
- ☐ 3. I have difficulty hearing mid-range pitches
- ☐ 4. I have a history of ear infections
- ☐ 5. I avoid large crowds because I have difficulty distinguishing specific noises
- ☐ 6. I cannot use the telephone without assistance
- ☐ 7. I have extreme understanding what people are saying when we are speaking face to face.
- ☐ 8. I avoid social interactions/activities because of my difficulty hearing
- ☐ 9. I do not have a hearing aid, or the one I have is more than five years old
- ☐ 10. I have an ongoing health problem that is impacting my ability to hear (please list conditions on line below):

Which ear is suffering from hearing loss (if both, check both)

☐ Right Ear ☐ Left Ear

Choose A Hearing Aid Provider

1. Choose a hearing aid provider or audiologist from the attached list (or ask your personal provider if he/she will accept a grant from our program).
2. Call the hearing aid provider or audiologist to ask if they will take you as a client with the Senior Answers and Services Hearing Program.

Provider's Name:

Clinic/Office Name:

Address:

City, ZIP Code

Phone:

Fax:



HIPAA - Authorization to Disclose Information to the Colorado Gerontological Society

I voluntarily authorize and request disclosure to the Colorado Gerontological Society, Senior Answers and Services Division of such medical information as may be needed to provide the necessary care for me including through written, spoken and electronic communication.

WHAT INFORMATION WILL BE DISCLOSED?

- All records and other information regarding hearing assessments, recommended treatments, hearing work performed as well as not performed or declined, referrals to other hearing providers, and complicating medical conditions or other impairments.
- Information about how my impairments affect my ability to complete the authorized treatment plan.

WHO MAY DISCLOSE INFORMATION ABOUT ME?

- All hearing and medical sources including, but not limited to, hearing clinics or offices, hospitals, clinics, labs, consulting hearing aid providers, physicians, psychologists, mental health, behavioral health, correctional, addiction treatment, and VA health care facilities.
- Social workers, case managers, caseworkers, rehabilitation counselors, employers
- Others who may know about my condition such as the person who helps me fill out this form, family, interpreters, friends, and neighbors.

TO WHOM MAY INFORMATION BE DISCLOSED?

- To the Colorado Gerontological Society, the Denver Regional Council of Governments, and other agencies or organizations that fund or finance this program, or which help to administer this hearing program, program auditors, hearing aid providers, and other medical professionals consulted.

THE PURPOSE OF THIS AUTHORIZATION IS

- To determine the specific services for which this project will make a grant, and to monitor the provision of services leading to successful completion of the authorized treatment plan, or termination of treatments and grant.

GENERAL PROVISIONS

- This authorization is good for five years from the date signed (next to my signature below).
- I authorize the use of a photocopy, faxed copy, or other electronic copy of this form for the disclosure of the information described above.
- I may write to the Colorado Gerontological Society to revoke this authorization at any time.
- The Colorado Gerontological Society will give me a copy of this authorization if I request it by phone or in writing.
- I have read this form and the Colorado Gerontological Society's privacy policy or had them explained to me and agree to the disclosures.

Complete the information below if you agree to the above statements so we can share the information to serve you.

Name	Birth Date / /	Phone
Address	City	Zip
I have carefully read, understand and agree to the above disclosures.		
SIGNATURE:		DATE



Request for Additional Services

- I understand that the Colorado Gerontological Society normally attempts to assess clients for eligibility for other and related benefit programs.
- I want CGS to help me to apply for other benefits, and will cooperate in completing assessments and in providing needed documentation.
- I wish to receive the newsletter, STA-Well News, from the Colorado Gerontological Society.

I have carefully read, understand and agree to each of the above optional acknowledgements and consents.

SIGNATURE:

DATE:

Required Acknowledgements and Consents

- I understand that if approved for a hearing grant through this program, I must pay any amounts not covered by the grant directly to my hearing aid provider, and I agree to do so (do not send your payment to the Colorado Gerontological Society, CGS). The provider has agreed to accept this grant as full or partial payment towards the hearing aids and molds. CGS does not accept any responsibility for costs above the grant award.
- I understand that the grant payment from the CGS will be made directly to my hearing aid provider. No payment will be made to me and CGS will not reimburse me for work initiated before the final grant award.
- I understand that the program and grant will not cover any work performed prior to my receipt of official letters of grant award.
- I have received a copy of and have read the CGS Authorization to Disclose Information. I authorize my hearing aid provider to share with CGS and with others who are a part of this program, information about me and my hearing condition.
- I understand that the CGS does not select a hearing aid provider for me or assign a provider to me. I may select any Colorado licensed hearing aid provider. The selected provider must agree to accept the approved grant award for this program as full or partial payment for the approved services. Services not covered by this program may be separately negotiated between myself and my hearing aid provider.
- I understand that the CGS has a "coordination of benefits" policy. I agree to cooperate in claiming hearing coverage and benefits through Medicaid, health maintenance organizations, private insurance, or any other benefit or program to which I am entitled.
- I certify that all information in this assessment is complete, true and correct and that I have not left out or omitted information that might inaccurately represent myself or my economic and social need for assistance. I understand that priority is given to those in the most economic and social need.
- I agree to defend, indemnify and hold the CGS harmless from any and all claims, disputes, liabilities, or causes of action arising out of the agreement to provide a grant or assistance, or the providing of a grant or assistance, or arising out of services and goods sold or provided to recipients of a grant or assistance through CGS.

I have carefully read, understand and agree to each of the above acknowledgements and consents.

SIGNATURE:

DATE:

Return Assessment Form

BY MAIL: Colorado Gerontological Society, 1129 N Pennsylvania St Denver CO 80203 **BY FAX:** 303-333-9112 **QUESTIONS:** 303-333-3482

VOLUNTARY CONTRIBUTIONS

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HEARING PROGRAM

Hundreds of older Coloradans receive hearing aids through grants, contributions and donations.



VISION PROGRAM

Hundreds of older Coloradans receive hearing aids through grants, contributions and donations

ENCLOSED IS MY VOLUNTARY CONTRIBUTION

Amount of Contribution

Mail Contributions To:

COLORADO GERONTOLOGICAL SOCIETY

1129 N Pennsylvania St, Denver Co 80203

303-333-3482 • 303-333-9112 (FAX)

WWW.SENIORANSWERS.ORG



Colorado
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Leaders in aging

Colorado Gerontological Society
Senior Answers and Services Division
Hearing Providers

	A	B	C	D	E	F	G
1	Clinic Name	First Name	Last Name	Address	City	Zip	Work Phone
2	Accent on Hearing	Joanne	LaPorta, M.A., CCC-A, FAAA	1189 S Perry St #120	Castle Rock	80104	(303) 663-2235
3	Accent on Hearing	Elizabeth	Martinez, AuD	1189 S Perry St #120	Castle Rock	80104	(303) 663-2235
4	Advantage Audiology	Jamie	Walter, AuD	3555 Lutheran Pkwy #160	Wheat Ridge	80033	(303) 255-5680
5	Advantage Audiology	Kimberly	Albert, AuD, CCC-A	500 W 144th Ave #100	Westminster	80023	(303) 255-5680
6	Advantage Audiology	Jasmine	Pelletier, AuD, CCC-A	500 W 144th Ave #100	Westminster	80023	(303) 255-5680
7	Advantage Audiology	Hope	Stewart, AuD, CCC-A, FAAA	500 W 144th Ave #100	Westminster	80023	(303) 255-5680
8	Advantage Audiology	Kimberly	Albert, AuD, CCC-A	7850 Vance Dr #225	Arvada	80003	(303) 255-5680
9	Advantage Audiology	Jasmine	Pelletier, AuD, CCC-A	7850 Vance Dr #225	Arvada	80003	(303) 255-5680
10	Advantage Audiology	Hope	Stewart, AuD, CCC-A, FAAA	7850 Vance Dr #225	Arvada	80003	(303) 255-5680
11	Advantage Audiology	Jamie	Walter, AuD	7850 Vance Dr #225	Arvada	80003	(303) 255-5680
12	Audicus Hearing Clinic	Ari	Shifman, AuD	9229 E Lincoln Ave	Lone Tree	80129	(720) 706-5506
13	Beltone Audiology & Hearing Aids-Aurora	Christine	Molek, AuD	12203 E Iliff Ave, Unit C	Aurora	80014	(303) 696-2696
14	Beltone Audiology & Hearing Aids-Broomfield	Donald	Williams, BC-HIS	5225 W 80th Ave, Ste E	Arvada	80003	(303) 635-2222
15	Beltone Audiology & Hearing Aids-Lakewood	David	Ives, MA, CCC-A, F-AAA	7586 W Jewell Ave Bldg 2-201	Lakewood	80232	(303) 716-1177
16	Center for Better Hearing	Lyubov	Nemanov, AuD	4350 Wadsworth Blvd, Ste 340	Wheat Ridge	80033	(303) 736-6555
17	Colorado Ear Care	Cory	Tickle, AuD	445 Union Blvd., Ste. 124	Lakewood	80228	(303) 233-3142
18	Colorado Ear Care	Matthew	Wilken, AuD	445 Union Blvd., Ste. 124	Lakewood	80228	(303) 233-3142
19	Colorado Ear Care	Meredith	Wilken, AuD	445 Union Blvd., Ste. 124	Lakewood	80228	(303) 233-3142
20	Colorado Ear Care	Cory	Tickle, AuD	7375 W 52nd Ave. Ste. 110	Arvada	80002	(720) 739-8518
21	Colorado Ear Care	Matthew	Wilken, AuD	7375 W 52nd Ave. Ste. 110	Arvada	80002	(720) 739-8518
22	Colorado Ear Care	Meredith	Wilken, AuD	7375 W 52nd Ave. Ste. 110	Arvada	80002	(720) 739-8518
23	Connect Hearing, Inc.	Diana	Combs, AuD, CCC-A	6702 W Coal Mine Ave	Littleton	80123	(720) 283-2082
24	Connect Hearing, Inc.	Kate	Ashworth, B.S., HIS	950 E Harvard Ave, #620	Denver	80210	(303) 722-0886
25	Connect Hearing, Inc.	Jennifer	Kim, BC-HIS	950 E Harvard Ave, #620	Denver	80210	(303) 722-0886
26	Denver Audiology, LLC	Bunny	Barber, MS CCC-A	90 Madison St #107	Denver	80206	(303) 832-2054
27	Denver Ear Associates	Elizabeth	Coughlan, M.A., CCC-A, F-AAA	701 E Hampden Ave, #415	Englewood	80113	(303) 788-7880

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Senior Answers and Services Division
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1	Clinic Name	First Name	Last Name	Address	City	Zip	Work Phone
28	Denver Ear Associates	Jennifer	Mansanares, M.S. CCC-A, F-AAA	701 E Hampden Ave, #415	Englewood	80113	(303) 788-7880
29	Denver Ear Associates	Stacey	McNulty, AuD, F-AAA	701 E Hampden Ave, #415	Englewood	80113	(303) 788-7880
30	Denver Ear Associates	Jennifer	Torres, M.A., CCC-A, F-AAA	701 E Hampden Ave, #415	Englewood	80113	(303) 788-7880
31	Denver Ear Associates	Jennifer	Wright, M.A., CCC-A, F-AAA	701 E Hampden Ave, #415	Englewood	80113	(303) 788-7880
32	Denver Health Audiology Clinic			777 Bannock St. MS0158	Denver	80204	(303) 602-6137
33	Douglas P. Peller, DO	Rose	Buchbinder, AuD	9141 Grant St, Ste 240	Thornton	80229	(303) 920-1015
34	Douglas P. Peller, DO	Kristi	Gulbrandsen, AuD	9141 Grant St, Ste 240	Thornton	80229	(303) 920-1015
35	Echo Hearing Center	Nathan	Gilchrist, M.S., F-AAA	401 W Hampden Place, Ste. 110	Englewood	80110	(303) 789-1322
36	Family Hearing Centers - Boulder	H Christopher	Schweitzer, PhD, FAAA	3059 Walnut St	Boulder	80301	(303) 443-5085
37	Family Hearing Centers - Broomfield			300 Nickel St #15	Broomfield	80020	(303) 465-4327
38	Family Hearing Centers - Lafayette			2770 Arapahoe Rd #126	Lafayette	80023	(303) 665-0454
39	Harvard Park Hearing	Eliza	Cioffi, AuD, CCC-A	850 E Harvard Ave #525	Denver	80210	(303) 777-4327
40	Harvard Park Hearing	Lauren	Jones, AuD, CCC-A, F-AAA	850 E Harvard Ave #525	Denver	80210	(303) 777-4327
41	Harvard Park Hearing	Amelia	Kirbo, AuD, CCC-A, F-AAA	850 E Harvard Ave #525	Denver	80210	(303) 777-4327
42	Harvard Park Hearing	Hannah	Anderson, AuD, F-AAA	9980 Park Meadows Dr, Ste 200	Lone Tree	80124	(303) 799-8778
43	Harvard Park Hearing	Eliza	Cioffi, AuD, CCC-A	9980 Park Meadows Dr, Ste 200	Lone Tree	80124	(303) 799-8778
44	Harvard Park Hearing	Lauren	Jones, AuD, CCC-A, F-AAA	9980 Park Meadows Dr, Ste 200	Lone Tree	80124	(303) 799-8778
45	Harvard Park Hearing	Amelia	Kirbo, AuD, CCC-A	9980 Park Meadows Dr, Ste 200	Lone Tree	80124	(303) 799-8778
46	Hearing Associates	John	Molina, AuD	10233 S Parker Rd, Ste. 202	Parker	80134	(720) 842-1890
47	Hearing Associates	Katie	Steffen, AuD	10233 S Parker Rd, Ste. 202	Parker	80134	(720) 842-1890
48	Hearing Associates	John	Molina, AuD	1550 S. Potomac St, Ste. 305	Aurora	80012	(303) 369-1096
49	Hearing Associates	Gabriela	Perez-Saenz, AuD	1550 S. Potomac St, Ste. 305	Aurora	80012	(303) 369-1096
50	Hearing HealthCare Centers	Nicole	Lilly, AuD	320 E. 1st Ave., Ste. 102	Broomfield	80020	(303) 464-8440
51	Hearing Rehab Center -Arvada	Sallie	Croissant, AuD	7850 Vance Dr. #195	Arvada	80003	(303) 432-3601
52	Hearing Rehab Center -Aurora	Alex	Block, AuD	1399 S. Havana #102	Aurora	80012	(303) 337-9699
53	Hearing Rehab Center -Aurora	Eva	Gebel, AuD, CCC-A	1399 S. Havana #102	Aurora	80012	(303) 337-9699

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54	Hearing Rehab Center -Centennial/Englewood	Bomina	Kang, AuD	6851 S Holly Cir, Ste 130	Centennial	80112	(303) 221-4163
55	Hearing Rehab Center -Denver/Cherry Creek	Nicole	Miller, AuD	155 S Madison St, Ste 240	Denver	80209	(303) 321-1402
56	Hearing Rehab Center -Golden	Chandra	Maas, AuD	2801 Youngfield St, Unit 100	Golden	80401	(303) 231-9118
57	Hearing Rehab Center -Lakewood South	Ethan	Light, AuD	10881 W Asbury Ave, Ste 110	Lakewood	80227	(303) 985-4423
58	Hearing Rehab Center -Littleton	Katie	Breithart, AuD	7325 S. Pierce St. #100	Littleton	80128	(303) 933-0017
59	Hearing Rehab Center -Lone Tree	Brock	Sturlaugson, AuD	9894 Rosemont Ave #104	Lone Tree	80124	(303) 792-9922
60	Hearing Rehab Center- Parker	Ryan	Crawford, AuD	18801 E Mainstreet #185	Parker	80134	(303) 841-6970
61	Hearing Rehab Center -Westminster	Jennifer	Clarke, AuD	1975 W 120th Ave, Ste 100	Westminster	80234	(303) 255-9595
62	HearingLife	Tina	Mancuso, Au.D., CCC-A	7310 W 52nd Ave, Ste S	Arvada	80002	(303) 953-5976
63	Kaiser Permanente Hearing Aid Center			10240 Park Meadows Dr.	Lone Tree	80124	(303) 338-3215
64	Kaiser Permanente Hearing Aid Center			14701 E Exposition Ave	Aurora	80012	(303) 338-3215
65	Kaiser Permanente Hearing Aid Center			2045 Franklin St	Denver	80205	(303) 338-3215
66	Kaiser Permanente Hearing Aid Center			280 Exempla Circle	Lafayette	80026	(303) 338-3215
67	Kaiser Permanente Hearing Aid Center			4105 Briargate Pkwy, Ste 125	Colorado Springs	80920	(303) 338-3215
68	Kaiser Permanente Hearing Aid Center			4803 Ward Road	Wheat Ridge	80033	(303) 338-3215
69	Kaiser Permanente Hearing Aid Center			5555 E Arapahoe Rd	Centennial	80122	(303) 338-3215
70	Marion Downs Center	Sandy	Gabbard, PhD	4280 Hale Parkway	Denver	80220	(303) 322-1871
71	Marion Downs Center	Caleb	Kronen, AuD	4280 Hale Pkwy	Denver	80220	(303) 322-1871
72	Marion Downs Center	Julie	Peterson, AuD, CCC-A	4280 Hale Pkwy	Denver	80220	(303) 322-1871
73	Master Plan Hearing Aid Co.	Robert	Hoffarth, ACA, BC-HIS	425 S. Cherry St. #777	Denver	80246	(303) 355-0007
74	Mile High Otolaryngology	Jennifer	Winters, AuD	12207 Pecos St., Ste. 100	Westminster	80234	(303) 487-0834
75	Mile High Otolaryngology	Jennifer	Winters, AuD	6870 W 52nd Ave., Ste 207	Arvada	80003	(303) 487-0834
76	Modern Audiology	Zach	Zells, AuD	7373 W Jefferson Ave #301	Lakewood	80235	(303) 988-7299
77	Modern Audiology	Rebecca	DeWitt, AuD	9137 E Mineral Circle, Ste 260	Centennial	80112	(303) 988-7299
78	Modern Audiology	Rebecca	DeWitt, AuD	9137 E Mineral Circle, Ste 260	Centennial	80112	(303) 988-7299
79	New Leaf Hearing Clinic	Julie	Raney, M.S., CCC-A	8721 Wadsworth Blvd., Ste C	Arvada	80003	(303) 639-5323

Colorado Gerontological Society
Senior Answers and Services Division
Hearing Providers

	A	B	C	D	E	F	G
1	Clinic Name	First Name	Last Name	Address	City	Zip	Work Phone
80	Parker & Castle Rock Center for Audiology	Linda	Baker, AuD	11211 S Dransfeldt Rd, Ste 133	Parker	80134	(303) 841-8818
81	Peak ENT and Voice Center	Carly	Amurao, AuD	1030 Johnson Rd #350	Golden	80401	(720) 399-0858
82	Peak ENT and Voice Center	Kinsley	Hodgson, AuD	1606 Prairie Center Pkwy	Brighton	80601	(720) 401-2139
83	Peak ENT and Voice Center	James	Skordas, AuD	403 Summit Blvd, Ste 204	Broomfield	80021	(720) 401-2139
84	Professional Hearing Services Inc.	Jeff	Baller, AuD, BCABA	2405 Wadsworth Blvd	Lakewood	80214	(303) 237-4967
85	Professional Hearing Services Inc.	Seth	King, AuD, CCC-A	2405 Wadsworth Blvd	Lakewood	80214	(303) 237-4967
86	Professional Hearing Services Inc.	MaryTodd	Moseley, AuD, CCC-A	2405 Wadsworth Blvd	Lakewood	80214	(303) 237-4967
87	Professional Hearing Services Inc.	Elizabeth	Pancoast, AuD, CCC-A	2405 Wadsworth Blvd	Lakewood	80214	(303) 237-4967
88	Rankin Clinical Audiology	Kristin	Rankin, M.A., CCC-A FAAA	4600 Hale Parkway #450	Denver	80220	(303) 698-7378
89	Rankin Clinical Audiology	Kathryn	Rawls, AuD, CCC-A	4600 Hale Parkway #450	Denver	80220	(303) 698-7378
90	Rocky Mountain Ear, Nose & Throat	Kathleen	Gabler, AuD, CCC-A	200 W County Line Rd #330	Highlands Ranch	80129	(303) 795-5587
91	The Audiology Method	Julie	Links, AuD	7180 E Orchard Rd, Ste. 302	Centennial	80111	(720) 675-7481
92	The Hearing Clinic - Cherry Creek	Ira	Dechter, HIS	90 Madison St #201	Denver	80206	(303) 322-0054
93	The Hearing Clinic - Cherry Creek	Robert	Gardner, AuD	90 Madison St #201	Denver	80206	(303) 322-0054
94	The Hearing Clinic - Wheat Ridge	Robert	Gardner, AuD	4045 Wadsworth Blvd, #110	Wheat Ridge	80033	(303) 425-3344
95	The Hearing Clinic - Wheat Ridge	Cosette	Gurule, HIS	4045 Wadsworth Blvd, #110	Wheat Ridge	80033	(303) 425-3344
96	University of Colorado Audiology Clinic	Attn: Sara	Cox	1635 Aurora Ct, MS F736	Aurora	80045	(720) 848-2800

Colorado Gerontological Society

Senior Answers and Services Material Aid Division

Client Notification of Complaint Procedure

Senior Answers and Services is committed to serving our clients to the best of our ability. Should you be dissatisfied with the Hearing or Vision Services you have received, the procedure for filing a complaint with the Colorado Gerontological Society is listed below.

In accordance with the Older Americans Act (OAA) Sec. 307(5), and Vol 10.503 consumer complaints may initially be verbal or written.

1. A complaint, in the context of Volume 10.503 rule, is an expression of dissatisfaction by:
 - a. An older individual receiving services under the Older Americans Act (OAA) or State Funded Programs for Seniors (SFPs), or his/her representative or caregiver;
 - b. An applicant is an older adult who has applied for services under the OAA or SFPs, or his/her representative or caregiver.
2. Older individuals receiving services, applicants for services, or their representatives or caregivers may file a complaint related to the following:
 - a. Any action or failure to act which impacts the older individual's experience with programs and services funded by the OAA or SFPs;
 - b. Dissatisfaction with services including issues related to quality and quantity of services;
 - c. Dissatisfaction with service providers (applicants select their own service providers who are not employees or agents of Senior Answers and Services); or,
 - d. Other issues related to OAA or SFPs programs raised by the older individual or his/her representative or caregiver
3. Applicant complaints must be filed within 30 calendar days of the unsatisfactory experience to Colorado Gerontological Society.
4. If a verbal complaint is made in person, the agency staff or volunteer receiving the complaint shall assist the older individual in recording the complaint on the agency form.
 - a. The narrative of the complaint shall be read back to the older individual to ensure that the individual's complaint is accurately documented and the older individual shall be asked to sign the complaint. The staff member shall sign and date the document to verify this step.
 - b. The older individual shall not be required to sign the complaint if he/she refuses or is unable to sign.
- c. Senior Answers and Services Division will accept and act on anonymous complaints at the sole discretion of the Executive Director.
5. Complaints received by phone, in person or in writing, shall be investigated and documented on the agency form by the agency staff.
6. Complaints shall be forwarded to the Executive Director for follow-up and disposition. Written notice of the resolution shall be sent to the complainant within 15 working days. This notice shall include:
 - a. A summary of the concern or issue
 - b. The results of the investigation into the complaint and the service provider's resolution or attempted resolution of the concern, and
 - c. Notification to the complainant of his/her right to appeal the service provider's decision if he/she is dissatisfied with the resolution, and instructions for filing such an appeal

Senior Answers and Services Material Aid Division**Client Notification of Complaint Procedure**

7. Complaints that cannot be resolved by the Executive Director may be appealed to the Executive Committee of the Board of Directors within 30 days. Upon request, the older individual and/or the individual filing the complaint on behalf of the older individual, will be reviewed within 30 days. The complainant shall be given an opportunity to have an in-person hearing with the Board of Directors at the scheduled meeting of the Board of Directors.
8. Complaints that cannot be resolved by the Executive Committee may be referred to the Colorado Gerontological Society Board of Directors for review and disposition. Upon request, the older individual and/or the individual filing the complaint on behalf of the older individual, may file an appeal within 30 days and request an opportunity to have an in-person hearing at the regularly scheduled meeting with the Board of Directors.
9. Appeals that cannot be resolved by the Board of Directors may be referred to the Denver Regional Council of Governments (DRCOG). Appeals that are referred to DRCOG will comply with the DRCOG Client Grievance Procedure.
 - a. Colorado Gerontological Society is a contractor of the Denver Regional Council of Governments Area Agency on Aging (AAA). If the complainant has a grievance with Colorado Gerontological Society, a written complaint may be submitted within 30 days from the time the problem occurred to the Area Agency on Aging Director, 1001 17th St #700, Denver CO 80202. 303-455-1000 (Main line).
 - b. The AAA Director shall investigate the complaint and respond in writing within fifteen (15) business days of receiving the complaint.
 - c. The written response from the AAA director shall include:
 - A summary of the complainants concerns or issues.
 - The results of the investigation into the complaint and
 - If applicable, Senior Answers and Services resolution/response to the complainant's concerns.
 10. If the complainant is dissatisfied with the complaint resolution by the Denver Regional Council of Governments, a written appeal may be filed with the State Unit on Aging Director within 10 calendar days of receipt of the decision. Appeals that cannot be resolved by the Denver Regional Council of Governments may be appealed to the State Unit on Aging for review and disposition. Appeals can be sent to Office of Community Living, Aging and Adult Services, 1575 Sherman St, 10th Floor, Denver CO 80203. 303-866-2800 (Main line); 303-866-2977 (fax); and 888-866-4243 (toll free).
 - a. Appeals that are referred to the State Unit on Aging shall comply with Vol.10.503.
 - b. The State Unit on Aging Director or designee shall complete a review of the complaint and resolution to that complaint, including all pertinent documentation or new information that may be available.
 - c. The State Unit on Aging Director will provide a written response to the complainant within 30 business days of receipt of the appeal.
 - d. This written response by the State Unit on Aging shall include notification of the complainant's rights to an Administrative Law Judge hearing as described at Section 10.503, if he/she is dissatisfied with the resolution of the appeal, and instructions for requesting such a hearing.

Client Information and FAQs Sheet

We are so glad you found us! Please keep this information for your records.

Provider and Area Agency on Aging Information

Your Service Provider: *Colorado Gerontological Society/Senior Answers and Services*

Your local Area Agency on Aging: **Denver Regional Council of Governments**

What is an Area Agency on Aging?

We're glad you asked! The Area Agency on Aging (AAA) is a regional agency that is designated by the state to administer federal, state, and local funding to meet the needs of older adults in their community. The AAA provides programs and services to older adults and caregivers directly and through contracts with community provider agencies. AAAs also serve as advocates for older adults.

Service Information:

The service you are requesting is funded through the Older Americans Act (OAA) and/or Older Coloradans Act (OCA) funding. This federal and state funding helps older adults, 60+, remain in their homes and communities of choice. Requests for services are processed as funds allow. We can provide you with referrals to other resources in your area, but we will not reach out to them without your permission.

What is the purpose of this form?

We ask you to fill-in this form for several reasons:

- To help us learn about you so we can offer services that best meet your needs
- To help us understand the needs of older adults in our community
- To help us show the need for funding our programs
- To help us meet reporting requirements from our funders

Taxpayer money funds these programs. We must prove that the funding only serves eligible clients and targets older adults and caregivers most in need of services. This paperwork helps us meet that level of accountability.

Income information is not used to determine your eligibility for services. Income and other demographic information (e.g. gender, race, ethnicity) are collected for anonymous demographic reporting purposes. None of your personal information, such as your name or date of birth is disclosed in reporting. You have the right to refuse to provide any of the information requested on the form.

What happens with my information?

We enter your information into a secure state database. As you receive services, we record the services you received in the database. This helps us prove how we spent the funding. The database is secured to the standards outlined in Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH). This means your data remains safe and confidential.

Will you sell my information?

No. We will never sell your information.

How do I provide feedback?

We love hearing how we can improve. Contact your service provider or your local Area Agency on Aging at **303-455-1000** or **drcog@drcog.org**. Because we value your input, we may at times send you a survey to ask for your feedback.

How do I file a complaint, grievance, or appeal?

Complaint/Grievance/Appeal Procedure:

You have the right to file a complaint or grievance with the organization asking you to fill out this form. If you are not satisfied with the organization's decision, you can appeal the decision to your local Area Agency on Aging (AAA), and/or the State Unit on Aging (SUA). The complete Complaint/Grievance/Appeal Procedures are available upon request by contacting your local AAA and/or the SUA as follows:

Denver Regional Council of Governments	Colorado Department of Human Services, State Unit on Aging
1001 17 th St #199	1575 Sherman Street, 10 th Floor
Denver CO 80202	Denver, CO 80203
303-455-1000	303.866.2800

Can I make a donation?

We accept donations and gifts to contribute towards the cost of services and to support our efforts. Every dollar we receive goes back into the programs and services. Donations are voluntary and are not required to receive services.

You can send to donations to **Colorado Gerontological Society, 1129 N Pennsylvania St, Denver CO 80203**

What other resources are available?

Feel free to reach out to your Area Agency on Aging to get more information about the services available in your region. We love to help!

Services available in our region include: *meals, transportation, legal services, homemaker, vision, hearing, meals on wheels, case management.* Call 303-455-1000 for information for services

You can also call the statewide Aging and Disability Resources for Colorado (ADRC) for information about resources in your area: 1-844-COL-ADRC / 1-844-265-2372

How can I help?

We couldn't meet the needs of older adults in our communities without the amazing help from volunteers and members of our Regional Advisory Councils. Reach out to either your provider or your AAA to see how you can help make a difference in the lives of older adults in our community.