

# **HIKE Fund (Canada) APPLICATION FORM**

**Date of Application:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Type of device required:** \_\_\_\_\_

**Is this child a Canadian Citizen? YES NO**

**Name(s) of Parent/Guardian:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Referring Physician or Audiologist:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Supplier or agency:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_