



### Part C: Additional Information (optional)

The following information is used for planning and reporting purposes or to assist in communicating with you. Your response is optional, but your assistance would be appreciated.

Is English your first language?

- Yes  
 No, other (please specify)

Are you of Aboriginal or Torres Strait Islander origin?

- No  
 Yes, Aboriginal/Torres Strait Islander

#### Notification of Voucher Issue

Would you like notification about your Voucher to be sent to another person for example the Director of nursing if you live in a nursing home.

- Yes  
 No

Aged Care Home/Name of Contact

(Address if different to above)

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>
State	Post Code

### For more information contact:

1800 500 726 or (TTY) 1800 500 496

email: [hearing@health.gov.au](mailto:hearing@health.gov.au)

Or visit the Office of Hearing Services Website at:

[www.health.gov.au/hear](http://www.health.gov.au/hear)

Please post the completed form to  
the address below,  
NOT your Service Providers :

Applications  
Mail Drop Point 113  
Office of Hearing Services  
Department of Health and Ageing  
GPO Box 9848  
CANBERRA ACT 2601



Australian Government

Department of Health and Ageing

Office of Hearing Services

The Australian Government  
Hearing Services Program

Application for a  
Hearing Services  
Voucher

[www.health.gov.au/hear](http://www.health.gov.au/hear)  
email: [hearing@health.gov.au](mailto:hearing@health.gov.au)