

## What is Covered?

- Hearing aids, including assistive listening devices (ALDs) and surface-worn bone conduction hearing devices (BCHDs)
- Supplies, including ear molds and hearing aid batteries
- Medically necessary hearing aid accessories
- Hearing aid-related audiology and post-evaluation services



## Hearing Aid Coverage for Children Program



- ✓ Who is Eligible?
- ✓ What is Covered?
- ✓ How Can Families Apply?

**HACCP Call Center**  
1 (833) 956-2878  
(Multilingual, TTY/TTD, Video Relay)  
Hours: M-F, 8 a.m. – 7 p.m.  
Sat. 8 a.m. – 12 p.m.

**HACCP Call Center**  
1 (833) 956-2878  
Hours: M-F, 8 a.m. – 7 p.m.  
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**Chat**  
Online at [www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp)  
("Chat with us..." in the bottom corner of your screen)



# Hearing Aid Coverage for Children Program

## Who is Eligible?

- Children and youth 0–20 years of age
- Must reside in California
- Not eligible for Medi-Cal
- Does not have California Children’s Services (CCS) coverage for hearing aids (can apply at the same time for both CCS and HACCP)
- Provider referral/hearing aid prescription
- Does not have other health coverage for hearing aids or has health insurance that only covers up to \$1,500 for hearing aids.
- Household income under 600% of the federal poverty level (FPL)

## 2023 Annual FPL Values

(Rounded up to next higher dollar)

Household/ Family Size (including parent(s))	600% FPL (household combined gross income)
1	\$87,480 per year (\$7,290 per month)
2	\$118,320 per year (\$9,860 per month)
3	\$149,160 per year (\$12,430 per month)
4	\$180,000 per year (\$15,000 per month)
Each Additional	Add \$30,840 per year (\$2,570 per month)

## How Can Families Apply?

1. Apply online at: <https://haccp.dhcs.ca.gov/> (or complete and print the application form available at [www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp))
2. Include all required documentation:
  - Household income
  - Existing health coverage (if any)
  - Hearing aid prescription or provider referral
3. Mail or fax your application to HACCP:
  - Mail:  
Hearing Aid Coverage for Children Program  
PO Box 138000  
Sacramento, CA 95813
  - Fax: 1 (833) 774-2227

## Learn more about the program:



[www.dhcs.ca.gov/haccp](http://www.dhcs.ca.gov/haccp)



## Apply for Coverage Today:



<https://haccp.dhcs.ca.gov/>