



**Massachusetts Department of Public Health  
Hearing Aid Program for Infants and Children  
250 Washington Street, 5<sup>th</sup> floor  
Boston, MA 02108-4619  
1-800-882-1435**

Financial Guidelines: Effective January 22, 2015 and subject to change according to the availability of funds.

<b>Family Size*</b>	<b>Maximum Adjusted Gross Income**</b>
1	\$35,310
2	\$47,790
3	\$60,270
4	\$72,750
5	\$85,230
6	\$97,710
7	\$110,190
8	\$122,670

- **Family size:** The applicant child, parent(s), guardian(s), dependent siblings, and other dependents.
- **Adjusted gross income:** Total annual family income before taxes, less allowable medical expenses and other deductions (see instructions on application form).
- Assistance is available for children from birth - 21<sup>st</sup> birthday.
- All available sources of funding for hearing aids (including health insurance) must be used prior to billing the Hearing Aid Program for Infants and Children.