



Texas Workforce Commission
Vocational Rehabilitation Services
**Hearing Aid & Accessories
Loss/Damage Replacement
Request**

Instructions

- This form may be completed by the audiologist, hearing aid specialist, and/or VR staff.
- If completed by VR staff, please submit the completed form and any applicable hearing aid(s) or accessories to the manufacturer.
- If this form is completed by the audiologist or hearing aid specialist, return the completed form immediately to the VR office that ordered the hearing aids and hearing aid accessories. VR staff will then submit the completed form to the manufacturer for replacement.

Manufacturers: Please confirm receipt of this request, ship to the audiologist or hearing aid specialist listed on this form, and provide shipping information once the replacement request is fulfilled.

Participant/Customer Information

Customer Name:

Case ID:

Hearing Aid & Accessories Loss/Damage Replacement Information

Information for Hearing Aid Manufacturers

Hearing Aid Manufacturer:

Original Service Authorization Number:

Model for Right Aid:

Serial Number:

Model for Left Aid:

Serial Number:

Receiver information. If receivers are necessary (if RIC), please specify the LENGTH & POWER LEVEL:

Accessories:

Bill To Information From Original Invoice:

Bill To: Texas Workforce Solutions VR

TWC Account Number:

Ship To Information From Original Invoice (if same):

Ship To:

Account Number:

VR Contact Information

VR Contact Person:

VR Contact email:

VR Contact telephone:

VR Counselor if different than contact above:

NOTE: TWC contract requires a one-time NO CHARGE replacement warranty for loss and/or damage. Three years for hearing aids and one year for accessories.

All information is to be treated as confidential.