

Special Olympics

Healthy Hearing Equipment Request Form

Special Olympics
Healthy Hearing



INSTRUCTIONS: Use this form if you are organizing a Special Olympics Healthy Hearing event and are not able to acquire the necessary hearing screening equipment locally **or** require additional units to augment what you have acquired locally — i.e. **otoacoustic emission [OAE] units, tympanometers and audiometers**. Complete this form in its entirety (**questions 1-18**); omitted information will delay the fulfillment process. **E-mail the completed form to hearingequipment@specialolympics.org**. Please read the detailed instructions on the second page of this form to ensure fulfillment of this request.

GENERAL INFORMATION

1. Today's Date _____ 2. Special Olympics Program Name _____
3. List Healthy Hearing contacts below.

Healthy Hearing Contact	Name	Phone	E-mail

EVENT & EQUIPMENT INFORMATION

4. Event Name _____ 5. Event Location _____
City/Town
6. Estimated # of Athletes _____
at Event NOT to be screened
7. Event Begin Date _____
dd mm yyyy
8. Event End Date _____
dd mm yyyy
9. Screening Date(s) _____
dd mm thru dd mm
10. Avg. # of screeners _____
per day
11. Equipment Need by Date _____
dd mm yyyy
12. Estimated # of OAE ear tips needed _____
sm med lge
13. Number of Units Requested:

Bio-Logic OAE unit (disposable ear tips included)

GSI 37 Auto Tympanometer (standard supply of reusable ear tips included) Otowave Tympanometer available upon request

GSI 17 Audiometer (AC only) Maico Audiometer with AC + BC available upon request

14. Voltage Requirement:

☐ 110v ☐ 220v
☐ Other _____

15. Were you able to acquire screening equipment locally? ☐ No ☐ Yes
16. Quantity of Units acquired locally

OAE units	Tympanometers	Audiometers

17. Ship Equipment as follows; recipient will be held responsible for the equipment arriving at the venue (do not use PO box).

Recipient Name	Complete Mailing Address	Phone Number	Fax Number	E-mail Address

SPECIAL REQUEST TO FACILITATE CUSTOMS PROCESS

18. Please indicate any special needs or steps SOI should take to facilitate respective customs processes.

☐ Commercial invoice required ☐ SOI Equipment letter required ☐ Other: _____

Comments:

FOR OFFICIAL USE ONLY

Date Request Received:			
Anticipated Ship Date:			
Number of Units Allocated:	OAE	Tympanometers	Audiometers
Confirmation Sent:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		

E-mail completed form to hearingequipment@specialolympics.org

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DETAILED INSTRUCTIONS: Use the Healthy Hearing e-mail address for all communications concerning your equipment request (hearingequipment@specialolympics.org). Please DO NOT contact the distributor directly. If you have multiple events, please complete 1 form for each event.

Completed forms must be submitted 90 days prior to the “need by” date. We cannot guarantee equipment fulfillment for submissions outside of this timeframe.

Upon submission, you will receive 2 confirmations, as follows:

Conf #	Expected Timeframe	Information Included
1	Confirmation within one week after submission	thank you and acknowledge receipt
2	5 to 10 (U.S.A.) & 10 to 20 (international) days prior to “need by” date	provide actual shipping information—ship to and return

Contact the following in case of equipment emergency: If you are a Clinical Director, please contact Global Clinical Advisor(s) (i.e., Dr. Beth Lannon (for North America) at bethlannon@yahoo.com or Melina Willems (for outside of North America) at melina.willems@arteveldehs.be).

If you are a Special Olympics Program staff person, please contact **Jamie Valis, Manager, Healthy Hearing, Fit Feet and Strong Minds** at (001) 202.824.1201 or jvalis@specialolympics.org.

Please review the FYI section below for details concerning equipment, insurance, shipping and etc.

FOR YOUR INFORMATION

Please allow time to charge and do behavioral check on equipment before use. All units are to be returned promptly as designated in the final confirmation of your request. **DLMR Solutions, LLC** (the distributor) donates to SOI shipping costs for units being shipped between venues. SOI pays for units being shipped back to the distributor only (please note that SO Program should include these costs in their grant). If you are instructed to ship units between venues, air bills are included with the equipment. Please DO NOT discard enclosed air bills and DO hold on to the original shipment packaging. If you are returning equipment to the distributor, shipping information (i.e., carrier/account #) will be included with your final confirmation.

Carnets (documentation used to readily move equipment with minimal customs issues) are used for Bio-Logic/Natus non-U.S. shipments. There are 6 OAE units to each carnet; these units must stay together and the carnet document must remain with the shipment. Please do not discard or remove documents from the packaging.

Insurance Information: While in use at events and during transport, DLMR Solutions, LLC and SOI jointly carry insurance to cover hearing equipment for property damage or loss and damages due to business activities.

It is not necessary to acquire additional coverage per event. As an FYI, per unit equipment value is listed below.

Value of Equipment—USD:	OAE AudX	\$4,000	Tympanometer Otowave	\$3,140
	Audiometer GSI 17	\$1,385.05	Tympanometer GSI 37	\$2,528
	Audiometer Maico	\$2,293	Tympanometer GSI Tymptstar	\$5,500