

Missouri Commission for the Deaf and Hard of Hearing

Census of Persons with Hearing Loss

Section 161.407 of the Revised Statues of Missouri requires the Missouri Commission for the Deaf and Hard of Hearing to conduct and maintain a census of Missouri who have a hearing loss. **All information provided to the Commission on a census form will be held strictly confidential**, and the Commission will never reveal the identity of any person who fills out a census form. Please mail this completed form to the address given above or fax it to the fax number given above. If you have any questions about this form, please contact our office between 8:00 a.m. to 4:30 p.m., Monday through Friday.

Please Print Clearly

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security: XXX-XX-____ Phone #: (V/VP/TTY/ALL) _____

What Kind of Hearing loss do you have?

- Conductive (Outer Ear) Sensorineural (Inner Ear) Mixed (both Inner and Outer Ear)
ANSD (Auditory Neuropathy Spectrum Disorder)

Do you consider yourself:

- Deaf Hard of Hearing Late Deafened
Other (Specify): _____

Approximate age when hearing loss initiated: Birth (or) _____ years old (or) Unknown

Degree of Hearing Loss (dB HL):

- Mild (26-40 dB) Moderate (41-55 db)
Moderately Severe (56-70 dB) Severe (71-90 db)
Profound (91 and above db)

For Infants and Children only:

- Slight (16-25 db)

Additional Descriptor of Hearing Loss: Check all that apply

- Unilateral Hearing Loss (monaural) Asymmetric Sudden hearing loss
Progressive hearing Loss

Cause of hearing loss (if known):

- Aging Head Trauma Heredity High fever
Infection Measles Meningitis Mumps
Noise Exposure Otosclerosis Ototoxic Drug Otitis Media
RH Incompatibility Rubella Surgery Trauma at Birth
Other: _____

What is your education background?

- G.E.D. High School Some college Associate's
Bachelor's Master's PhD Degree
Other: _____

PLEASE CONTINUE INFORMATION ON BACK PAGE

Missouri Commission for the Deaf and Hard of Hearing

Are you currently:

F/T Student Employed Unemployed Other: _____

Do you currently collect SSI/SSDI? Yes No

Were you born in Missouri? Yes No

If not, where? _____

How do you communicate: Sign Language Voice Both

Other: _____

Do you use a hearing aid? Yes No

If so, what type? Behind the ear In the ear Other: _____

Do you currently wear a Cochlear Implant? Yes No

Do you currently wear a BAHA? Yes No

When did you first get fitted for your Hearing aid, Cochlear Implant or BAHA?

Answer: _____

Would you like to be on our e-mail list to receive the Commission newsletter, announcements, and so forth?

Please Circle: YES NO

E-mail Address (please print clearly): _____