

Deaf and Hard of Hearing Services (DHHS)
Application for Certificate of Deafness for Tuition Waiver

Allow 30 days for the application to be processed.

Applicant Information

Applicant's First Name		Applicant's Middle Name		Applicant's Last Name		Date of Birth	
Address			Apt. or Unit No.	City		State	ZIP Code
Area Code and Phone No.		Mode <input type="radio"/> VP <input type="radio"/> Voice		Email Address			
I want to be contacted by HHS DHHS Technology or Access specialists to answer questions about my tuition waiver and for community resources related to my communication access needs <input type="radio"/> Yes <input type="radio"/> No							

Signatures

The following statement must be signed before the application can be processed.

By my signature below, I attest to the following:

- I understand that issuance of a certificate does not guarantee that I satisfy the **residency** requirement, or any other entrance requirement set forth under Education Code, Section 54.364 or the 83rd Legislature, Regular Session, 2013, S.B. 1210, for tuition waiver at any eligible institution.
- I understand that a certificate may be used to exempt me from the payment of tuition fees at any institution of higher education that uses public funds. It does not exempt me from any fees for such items as room, board, or books.
- I am 17 years or older. If I am younger than 17, I have attached proof of being a senior in high school or of receiving a high-school diploma or its equivalent.
- I understand that the certificate does not expire. However, if a copy of the certificate is requested after five years, I must apply for a new certificate.
- I understand that more documentation may be requested to determine eligibility. Failure to provide requested documentation within the requested period may result in denial of an application.
- To the best of my knowledge, all information provided with this application is true.

The parent's or legal guardian's signature is required if the applicant is under 18.

Parent's or Legal Guardian's Printed Name **Parent's or Legal Guardian's Signature** **Date**

Parent's or Legal Guardian's Email Address

The applicant's signature is required if he or she is 18 or older.

Applicant's Printed Name **Applicant's Signature** **Date**

dhhs.tuitionwaivers@hhs.texas.gov
hhs.texas.gov/services/disability/deaf-hard-hearing/tuition-waiver

Establishing Nonfunctional Hearing

The applicant must verify that his or her sense of hearing is nonfunctional despite all necessary medical treatment, surgery and use of hearing aids for understanding normal conversation. The applicant must provide audiology documentation to show the applicant meets the requirements of **at least one of the selected options** described below. Audiology documentation must include hearing testing provided by a licensed audiologist or a licensed fitter and dispenser of hearing instruments, and the documentation must contain the legible examiner name and clinic contact information.

- Option A** — Attach audiology documentation to confirm the applicant has an **unaided** average hearing loss **in the better ear** of 55 decibels (dB) or greater using 500, 1000, 2000 and 4000 Hz.
- Option B** — Attach audiology documentation to confirm the applicant has an **aided** average hearing loss **in the better ear** of 30 dB or greater using 500, 1000, 2000 and 4000 Hz.
- Option C** — Attach audiology documentation to confirm the applicant has **speech discrimination** of less than 50 percent using one of the following binaural speech discrimination tests unaided in sound field, performed at normal conversational level (55 or 60 dB HL):
 - Unaided in Noise at Speech 55 dB/Noise 45 dB
 - Unaided in Noise at Speech 55 dB/Noise 50 dB
 - Unaided in Noise at Speech 60 dB/Noise 50 dB
 - Unaided in Noise at Speech 60 dB/Noise 55 dB
- Option D** — Attach audiology documentation to confirm the applicant is not eligible under Options A, B or C. Include a letter written by a **licensed physician**, printed on the physician's letterhead, and signed by the physician. A licensed physician must describe **all disabling conditions other than a hearing loss** that result in the applicant's sense of hearing being nonfunctional for understanding normal conversation in the classroom. The severity and frequency of the disabling conditions and the effect on the applicant's comprehension must be included as part of the licensed physician's description.

Submit completed application and audiology documentation:

By Mail:

HHS DHHS
P.O. Box 12904,
Austin, TX 78711

or

By Email:

dhhs.tuitionwaivers@hhs.texas.gov

Important Information for Former Military Services Members

Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Air Force, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. Visit the [Texas Veterans Portal](#) for more information.