

99015032080000, 99015032080000

Apply for help for deaf people

Heruntergeladen am 15.07.2025

<https://fimportal.de/xzufi-services/380943061/L100001>

Modul	Sachverhalt
Leistungsschlüssel	99015032080000, 99015032080000
Leistungsbezeichnung I	Apply for help for deaf people
Leistungsbezeichnung II	
Typisierung	4 - Land: Regelung
Quellredaktion	Hessen
Freigabestatus Katalog	unbestimmter Freigabestatus
Freigabestatus Bibliothek	unbestimmter Freigabestatus
Begriffe im Kontext	
Leistungstyp	Leistungsobjekt mit Verrichtung
Leistungsgruppierung	Menschen mit Behinderung (015)
Verrichtungskennung	Gewährung (080)
SDG-Informationsbereich	
Lagen Portalverbund	Behinderung (1130300)
Einheitlicher Ansprechpartner	Nein
Fachlich freigegeben am	24.08.2022

Modul	Sachverhalt
Fachlich freigegeben durch	Hessian Ministry for Social Affairs and Integration
Handlungsgrundlage	https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-Geh%C3%B6rIGHErahmen https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-BliGGHE2011rahmen https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-Geh%C3%B6rIGHErahmen https://www.rv.hessenrecht.hessen.de/bshe/document/jlr-BliGGHE2011rahmen
Teaser	If you are deaf or your hearing loss borders on deafness, you can receive deafness benefit under certain conditions.
Volltext	As a person with deafness or a hearing impairment bordering on deafness, you are entitled to financial support amounting to 77 euros per month. You receive this benefit regardless of your income and assets.
Erforderliche Unterlagen	Deaf allowance: • Application for approval of deafness benefit in accordance with the Hessian State Deafness Benefit Act (LGIGG) • Proof of deafness or deafness (at least one proof required): • Notification of the severely disabled person's pass or the severely disabled person's pass itself with the mark "GI" (deaf) • When applying for minors: Declaration of intent from the legal representative (if you are a parent or legal guardian) • For support from third parties: Power of attorney for a trusted person (if you ask third parties for help with the application) • Account declaration for the payment of deaf allowance Deafblind allowance: • Application for approval of deafblind benefit in accordance with the State Deafblind Benefit Act

Modul

Sachverhalt

(LBliGG)

- Proof of deafblindness (at least one certificate required):
- Decision on the severely disabled person's pass or severely disabled person's pass itself with the mark "BI" (blind) and "GI" (deaf) or the mark "TBI" (deaf-blind)
- When applying for minors: Declaration of intent from the legal representative (if you are a legal guardian)
- For support from third parties: Power of attorney for a trusted person (if you ask third parties for help with the application)
- Account declaration for the payment of deafblind benefits

Voraussetzungen

You have had your disability since birth or before you turned 18.

Deafness benefit:

- You are deaf or bordering on deafness with hearing loss in both ears.
- You have a degree of disability of 100 and the mark "GI" in your severely disabled person's pass.
- You have your habitual residence in Hesse.

Deafblind allowance:

- You are deaf-blind. You have a degree of disability of at least 70 due to a hearing impairment and a degree of disability of 100 due to a visual impairment, as well as the "BI" and "GI" or "TBI" marks on your severely disabled person's pass.
- You have your habitual residence in Hesse.

Kosten

There are no application fees. Expenses for medical certificates are to be borne by you.

Verfahrensablauf

- You can apply for deafness benefit or deafblind benefit from the Landeswohlfahrtsverband Hessen.
- If necessary, you will be asked to submit additional documents.
- You will receive a written administrative decision on your entitlement to deafness benefit or deafblind benefit. Changes in your circumstances may affect the payment. You have a corresponding duty to cooperate.

Modul	Sachverhalt
Bearbeitungsdauer	If you have submitted all documents, you will receive a decision by written administrative act after the examination.
Frist	Deaf allowance and deafblind allowance are paid from the date of application if the conditions for the benefit were met. Payments are made in advance. You will receive the payment for the following month at the end of the month.
weiterführende Informationen	
Hinweise	https://www.lvw-hessen.de/leben-wohnen/leben-mit-blindheitgehoerlosigkeit/gehoerlosengeld/ https://www.lvw-hessen.de/leben-wohnen/leben-mit-blindheitgehoerlosigkeit/taubblindengeld/ https://www.lvw-hessen.de/leben-wohnen/leben-mit-blindheitgehoerlosigkeit/gehoerlosengeld/ https://www.lvw-hessen.de/leben-wohnen/leben-mit-blindheitgehoerlosigkeit/taubblindengeld/
Rechtsbehelf	Contradiction
Kurztext	• Help for the deaf Application • Benefits in Hesse • Benefit for deafness or hearing loss bordering on deafness • Disability since birth or before the age of 18 • Disability affects both ears • Monthly cash benefit • Benefit independent of income and assets • The required documents and evidence must be submitted to the responsible office. • Responsible: Landeswohlfahrtsverband Hessen (LWV)
Ansprechpunkt	Please contact to the Landeswohlfahrtsverband Hessen.
Zuständige Stelle	
Formulare	https://www.lvw-hessen.de/service/formulare/12-gehoerlosengeld/ https://www.lvw-hessen.de/service/formulare/11-taubblindengeld/ https://www.lvw-hessen.de/service/formulare/12-gehoerlosengeld/

Modul	Sachverhalt
	erlosengeld/ https://www.lwv-hessen.de/service/formulare/11-taub-blindengeld/
Ursprungsportal	Hilfe für Gehörlose beantragen, Apply for help for deaf people