



CERTIFICATION OF DISABILITY

Please explain the nature of the disability which qualifies this individual as print handicapped* (*please be specific*):

* Print handicapped is defined as the inability to access conventional printed information due to a visual impairment, a physical disability, or a temporary condition, which prohibits the holding of reading material.

Only one of the following descriptions is necessary.

Visual Impairment:

- Diabetic Retinopathy
- Macular Degeneration
- Glaucoma
- Retinitis Pigmentosa
- Legally Blind
- Other (*please specify*)

Physical Impairment:

- Hard of hearing (*radios are equipped with a headphone jack – headphones are not provided*)
- Other (*please specify*)

Other (please specify):

I do hereby certify that the applicant named above is unable to use conventional print as a result of the disability described:

Certified by _____ Title _____
Please print name of professional

Address _____ Telephone # _____
Number and Street City State Zip Code

Signature _____ Date _____

FOR OFFICE USE ONLY:

Entered into Allegiance: _____ (*init*) _____
(*date*)

Receiver type: _____ Serial number: _____ Date issued: _____

Date returned: _____ Reason for return: _____

Replacement Serial number: _____ Date issued: _____ No longer wants radio

Comments: _____

91.5 Rochester 90.3 Houghton

Mail to: WXXI Reachout Radio, P.O. Box 30021, Rochester, NY 14603-3021 (585) 258-0333