



Reachout Radio
 280 State Street, P.O. Box 30021
 Rochester, NY 14603-3021



Receiver Application <input type="checkbox"/> 91.5 Rochester <input type="checkbox"/> 90.3 Houghton

CERTIFICATION OF DISABILITY

Are you registered with:

A. The NYS Commission for the Blind & Visually Handicapped? Yes No *

B. The Library of Congress Talking Books Program? Yes No *

- If you answered NO to both A & B, you must have the certification form signed by a **physician, nurse, social worker, rehabilitation counselor** or other **qualified individual** that can authorize your condition.
- If you answered YES to either A or B, completion of the certification is *optional*. **However, this information is helpful to us in seeking financial support through grants.**

Please explain the nature of the disability which qualifies this individual as print handicapped:*

* 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.

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:

Receiver type: _____ Entered into Allegiance: _____ (init) _____ (date)
 Serial number: _____ Date issued: _____
 Date returned: _____ Reason for return: _____
 Replacement Serial number: _____ Date issued: _____ No longer wants radio

Comments: _____

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