

WQCS Radio Reading Service Listener Application

Name _____

Address _____

City _____ Zip _____ Phone _____

Date of Birth _____ Male _____ F _____

Impairment:

1. **Totally Blind** _____

2. **Legally Blind** _____

Visual acuity of 20/200 or less in the better eye with corrective lens

3. **Partial Vision** _____

Cannot read standard print without aids other than regular glasses

4. **Physical Handicap** _____

Print-impaired as a result of physical limitations

5. **Other** _____

How do you want your program guide

Large Print _____ Audio Cassette _____

FOR OFFICE USE ONLY

Receiver # _____ Date issued _____ Date Returned _____

Do you receive Talking Books? _____
Are you registered with the Division of Blind Services?

If you answered NO to both of these questions you must be certified by one of the following authorities /agencies:

- 1. Medical Doctor**
- 2. Registered Nurse**
- 3. Rehabilitation Counselor**
- 4. Optometrist**

Certified By:

Name _____ **Title** _____

Address _____ **Phone** _____

Signature _____ **Date** _____

Please review and sign this agreement

I have requested this service and authorize this application to be signed on my behalf (if necessary). I give permission to any authority or agency to release certifying information. I am aware that this receiver is on loan to me and shall remain property of the WQCS Radio Reading Service. If I no longer need or desire the service I will return the receiver to WQCS.

Signature

Date

_____ **Type** _____