

APPLICATION

Alabama Radio Reading Service

Personal information will be kept confidential. Please print or type.

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Date of Birth: _____ Male Female

Additional Information

How did you hear about the Alabama Radio Reading Service (ARRS)?

- Doctor Family Member Friend
 Rehabilitation Specialist Newspaper Radio
 Other: _____

I am unable to read conventional print materials due to:

- Blindness Visual Impairment Physical Impairment

Are you registered with the Library of Congress Talking Book Program: Yes No

IF YOU ANSWERED "YES," DO NOT FILL OUT THE HEALTH CARE STATEMENT.

Signature

I understand that I will be issued an ARRS receiver on an indefinite loan basis and that this receiver remains the property of ARRS. I understand that it is to be returned if

- ARRS broadcasts are terminated.
- A change of address puts me outside of the broadcast range.
- Or, there is no further need for the receiver.

Furthermore, I understand that if I am unable to return this receiver myself, the person designated below will assume that responsibility for me.

Signature of Applicant
 or Applicant's Legal Representative: _____

Alternate contact : _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____



Public Radio for the Heart of Alabama

Medical Certification

Alabama Radio Reading Service

To be completed by a competent health care authority, e.g. an optometrist/ophthalmologist, doctor, social worker, or vocational rehabilitation specialists.

This is to certify that _____
is unable to read conventional print materials due to _____

Certified by:

Name of health care professional :

Last First M.I.

Address: _____

Street Address Unit #

City State ZIP Code

Phone: () _____

SEND TO:

**Alabama Radio Reading Service
650 11th Street South
Birmingham, AL 35233**

EMAIL: michael@wbhm.org

I WOULD LIKE YOU TO MAIL THE RADIO TO ME. ____ (YES)

OR

PLEASE CALL: _____ (NAME)

AT: _____ (PHONE NUMBER)

TO ARRANGE A TIME TO COME TO WBHM AND PICK UP THE RADIO.