

# 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: ( ) \_\_\_\_\_

# 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 11<sup>th</sup> Street South  
 Birmingham, AL 35233**

**FAX: 205-934-5075**

**EMAIL: [michael@wbhm.org](mailto: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.**