

## Application for Service

Name: \_\_\_\_\_  
Last First Middle Initial

Institution or Facility (if applicable):  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street (include room or apartment number)

\_\_\_\_\_

City	State	Zip
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Phone Number *(Required)*: \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Check here if you DO NOT want the Radio Reading Service

Check here if you DO NOT want the Dial-In News Service

Upon receipt of your application we will send you the Radio and Listening Instructions and Guides.

Send instructions in:       Braille       Large Print

**Certification**

To be completed by a physician, nurse, librarian or social worker. This certification is required for reading services in order to comply with federal law.

*I certify that the above named applicant cannot read or effectively use printed materials as a result of the following condition(s):*

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Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

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**Signature**

I have signed below, or have **personally requested** this service and authorized this application to be signed on my behalf.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Secondary Contact Person**

We need contact information of a person not living with you. They will only be contacted if your mail is returned and you have not contacted us with a new address and phone number.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Radios remain the property of Voice of the Blue Ridge and the Radio Reading Service and must be returned when no longer in use by the person above.**

Office Use: ID# \_\_\_\_\_ Security # \_\_\_\_\_ Serial # \_\_\_\_\_ Date: \_\_\_\_\_