WLRN RADIO READING SERVICE

for those unable to use print

APPLICATION FOR RRS RECEIVER

LAST NAME:	FIRST NAME:	Date Of Birth:
ADDRESS:		
PHONE:		
Do you live alone ?	Y N	
	r similar facility? Y N ne a friend or neighbor (not residing at s	ame address)
NAME:	Relationship:	
ADDRESS	PHONE	NUMBER:
A Local Chapter of a (If you answered No	ress Talking Books Program: YI	
application be signed physician or clinic of that the receiver is or	D SIGN: I have personally requested a in my behalf. I authorize the release to medical data needed to determine my a loan to me an shall remain the proper THORIZED SIGNATURE	by any agency, organization, eligibility for RRS Radio. I am aware
Today's Date:		

Return completed to:

WLRN Radio Reading Service 172 NE 15 ST Miami, FL 33132

305-995-2218

CERTIFICATION OF DISABILITY

Please explain the nature of the disability which qualifies this person as print handicapped* (please be specific).

*Print handicapped is defined as the inability to access conventional printed information due to a visual impairment, a learning disability, or a physical impairment which prohibits the holding of reading material.

Only one of the following descriptions is necessary:		
Visual Impairment:		
Physical Impairment:		
Other (please specify):		
I do hereby certify that the applicant named above is undescribed:	able to use conventional print as a result of the disability	
Certified by	Title	
Please print name of professional Address	Telephone #	
Signature	Date	
For Office Use Only		
Receiver Sent on:		
Returned on:		