

# NORTHERN PUBLIC RADIO



COMPLETE AND RETURN TO:

## NIRIS

Northern Public Radio  
801 N. First Street, DeKalb, IL 60115

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HIGHEST LEVEL OF EDUCATION: \_\_\_\_\_

NUMBER IN HOUSEHOLD: \_\_\_\_\_ NUMBER ELIGIBLE FOR NIRIS IN HOUSEHOLD: \_\_\_\_\_

- Are you able to read large print?  Yes  No  
Are you presently using the Library of Congress Talking Book Service?  Yes  No  
Are you registered with Illinois Department of Rehabilitation Services?  Yes  No  
May we contact the above agencies to confirm your certification?  Yes  No

IF WE CANNOT RECEIVE CERTIFICATION FROM THE ABOVE AGENCIES, PLEASE HAVE THIS APPLICATION CERTIFIED BY A DOCTOR, NURSE OR SOCIAL AGENCY.

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### APPLICANT AGREEMENT:

I understand that if I am issued a receiver it remains the property of NIRIS and I must notify NIRIS of any change in my address or eligibility. Should I move out of the broadcast range of NIRIS, I must promptly return the receiver to NIRIS for redistribution. I also acknowledge that I am responsible for damage or theft.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE FOR THOSE UNABLE TO SIGN: \_\_\_\_\_

### CERTIFICATION

Nature of disability: \_\_\_\_\_

Certified by Signature: \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date Certified \_\_\_\_\_

### FOR OFFICE USE ONLY

Date receiver issued: \_\_\_\_\_ Type: \_\_\_\_\_ Serial #: \_\_\_\_\_ NIU#: \_\_\_\_\_

Date receiver returned: \_\_\_\_\_ Reason: \_\_\_\_\_

Issued to Agency: \_\_\_\_\_

Contact: \_\_\_\_\_