

APPLICATION FOR VIRGINIA VOICE RADIO

A Virginia Voice radio enables the recipient to listen daily to the reading of the *Richmond Times-Dispatch* and several other daily newspapers as well as a host of magazines and occasional books. In addition, the programming includes informational programs produced specifically for those with visual impairments and other disabilities.

To qualify for a radio, the applicant must meet **one** of the following eligibility criteria:

- Be certified as ***legally blind***.
- Have only ***partial vision***, requiring the use of visual aids other than ordinary eyeglasses in order to read conventional print comfortably.
- Have a ***physical disability*** that prevents normal reading because of an inability to hold printed material.
- Have any type of ***reading disability***.

If the applicant meets **any** one of the above criteria, he/she is eligible for the service of Virginia Voice. Please completely fill in the application form on the reverse side and return it to Virginia Voice at the address indicated.

The certification statement is to be completed and signed by a doctor, nurse, ophthalmologist, optometrist, therapist, rehabilitation counselor or instructor, or any professional caregiver.

Upon our receipt of the application, a Virginia Voice radio will be provided to the applicant. The radio will be issued on a loan basis, at no charge, for as long as the applicant needs the service. Although there is no charge for the use of the radio, annual contributions are encouraged. Because Virginia Voice is a non-profit organization, all contributions are tax-deductible to the extent allowed by law.

It is imperative that Virginia Voice be notified of any change of address or phone number. The radio is to be returned to Virginia Voice if the listener moves outside of the Greater Richmond area. Our radios are tuned to only one frequency and, therefore, will not function outside of the Greater Richmond area.

VIRGINIA VOICE APPLICATION**APPLICANT INFORMATION**

Birth Date: ___/___/___

(Mr. Mrs. Ms. Miss) _____

Street Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ E-mail _____

Name under which phone is listed _____

(Relationship to Applicant) _____

How did applicant learn of this service? _____

Applicant Employed By / Retired From _____

Nearest Relative or Close Friend (may be at same address as applicant)

(Mr. Mrs. Ms. Miss) _____

Relationship to applicant _____ Phone _____

Street Address _____ E-mail _____

City _____ State _____ Zip _____

Another Relative or Friend (not at same address)

(Mr. Mrs. Ms. Miss) _____

Relationship to applicant _____ Phone _____

Street Address _____ E-mail _____

City _____ State _____ Zip _____

ELIGIBILITY *(This section is to be completed by a professional care-giver or other qualified person with reference to the eligibility criteria on the reverse side.)*

The above-named applicant is eligible for a Virginia Voice radio for the following reason(s):

Name _____ Title _____

Street Address _____ E-mail _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

Return to:**Virginia Voice
P.O. Box 15546
Richmond, VA 23227
Phone: (804) 266-2477
Fax: (804) 266-2478**

For Office Use Only

Date Received: _____

 Applicant data entered Contacts data entered

Date Completed: _____