

## 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 and return it to Virginia Voice at the address indicated.

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 or for the service, annual contributions are encouraged. Virginia Voice is a non-profit organization, and 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 is an independent,  
non-profit organization funded by voluntary contributions.**

VIRGINIA VOICE APPLICATION

**APPLICANT INFORMATION**

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

(Mr. Mrs. Ms. Miss) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

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**

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

Vision Impairment (Please Explain) \_\_\_\_\_

Other Disability or Condition (Please Explain) \_\_\_\_\_

**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: \_\_\_\_\_