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.

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 or wants the service.

Although there is no charge for the use of the radio, all contributions are appreciated. Virginia Voice is a non-profit organization, and all contributions are tax-deductible to the extent allowed by law.

It is important to notify Virginia Voice of any change of address or phone number. Our radios are tuned to only one frequency and only function in the Greater Richmond area. The radio is to be returned to Virginia Voice if the listener moves out of the Greater Richmond area or no longer needs or wants our service.

Application Form on Reverse Side

Virginia Voice is an independent, non-profit organization funded by voluntary contributions.
APPLICATION FOR VIRGINIA VOICE RADIO

Name of person completing application: ________________________________

Phone Number: (        ) _______ - _______ E-Mail: _______________________

LISTENER INFORMATION

Birth Date: ____/____/____

Title: _______ First: _______ MI: _______ Last: _______________________

Street Address: __________________________________________________________

City: ____________________ State: ___ Zip: __________ - _______

Name of Residence (e.g., Cedarfield, etc): ________________________

Spouse / Partner: ________________________

Phone Number(s) Home: (        ) _______ - _______ Cell: (        ) _______ - _______

Name under whom home phone is listed if not applicant: ________________________

Applicant E-mail: ________________________

How did Applicant learn of this service? ________________________

Primary Contact Information (Required)

Title: _______ First: _______ MI: _______ Last: _______________________

Relationship to Listener: _______ Spouse/Partner: ________________________

Street Address: __________________________________________________________

City: ____________________ State: ___ Zip: __________ - _______

Phone Number(s) Home: (        ) _______ - _______ Cell: (        ) _______ - _______

Second Contact Information (Desired)

Title: _______ First: _______ MI: _______ Last: _______________________

Relationship to Listener: _______ Spouse/Partner: ________________________

Street Address: __________________________________________________________

City: ____________________ State: ___ Zip: __________ - _______

Phone Number(s) Home: (        ) _______ - _______ Cell: (        ) _______ - _______

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 ______________________________

Name and title of qualifying professional ________________________________

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: __________
Radio ID: __________
Radio Mfg.: __________
Deliverer: __________

Revised 02/19/2018