

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

Requirements on other side

Name of person completing application: _____

Phone Number: () _____ - _____ E-Mail: _____

LISTENER INFORMATION

Birth Date: ____/____/____

Title: _____ First: _____ MI: _____ Last: _____

Street Address: _____ Apt/Rm: _____

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: _____ Apt/Rm: _____

City: _____ State: ____ Zip: _____ - ____ E-mail: _____

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

Second Contact Information (Desired)

Title: _____ First: _____ MI: _____ Last: _____

Relationship to Listener: _____ Spouse/Partner: _____

Street Address: _____ Apt/Rm: _____

City: _____ State: ____ Zip: _____ - ____ E-mail: _____

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: _____