

Certification of Print Disability

Are you registered with:

A. The NYS Commission for the Visually Handicapped? _____

B. The Library of Congress Talking Books Program? _____

If you responded "yes" to either A or B, your application is complete and may be returned to WMHT-RISE.

If you responded "no" to both A and B, please have the following Certification form completed by a physician, nurse, social worker, librarian, rehabilitation counselor, or other appropriate professional.

Please explain the nature of applicant's disability:

Visual

Impairment: _____

Physical

Impairment: _____

Other (please

Specify): _____

This applicant for a WMHT - RISE Radio Receiver **cannot** effectively use conventional print as a result of the disability outlined above.

Certified by:

Name: _____

Title: _____

Address: _____

Phone: _____ Date: _____

Complete **both** sides and return to:

WMHT - RISE
4 Global View
Troy, NY 12180
(518) 880-3436