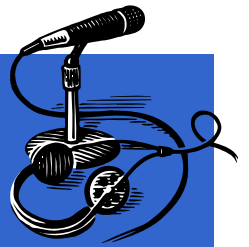


# WEYE SEEING EYE RADIO

OF GOODWILL INDUSTRIES SERVING SUMMIT, PORTAGE, MEDINA, ASHLAND & RICHLAND COUNTIES  
BRINGING THE WRITTEN WORD TO THE SIGHT IMPAIRED



## Listener Application

All information is CONFIDENTIAL



### I. PLEASE PRINT:

Applicant Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Nearest Relative/Friend: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### II. NATURE OF APPLICANT'S HANDICAP: (PLEASE CHECK)

- Legally Blind: Visual Acuity of 20/200
- Partial Vision: Inability to read standard printed material without special aids or devices other than reading glasses
- Physical Handicap: Inability to read or use standard printed material as a result of physical limitations
- Reading Disability: Organic dysfunction such as Dyslexia

### III. QUALIFICATION: (PLEASE CHECK)

Applicant is a recipient of the federally-funded talking book program:  Yes  No

*If "NO", please have certification below filled out by a professional Ophthalmologist, Optometrist, Medical Doctor, Osteopath, Physical Therapist, Registered Nurse, Chiropractor, Social Worker, or Librarian.*

#### Certification

I certify the applicant is print handicapped as indicated above (Section II).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT:** Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### IV. APPLICANT'S SIGNATURE:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR Person Signing For Applicant Signature: \_\_\_\_\_