



WHAT IS GATEWAVE?

Gatewave is an around-the-clock radio service with readings from newspapers and magazines, plus original content, for the sole use of listeners who are blind, visually impaired, or reading disabled. More information and an online application are at gatewave.org

HOW TO RECEIVE GATEWAVE

Please fill out this application (or online application at gatewave.org) to confirm your eligibility. Once your application has been approved, you will receive information about how to listen over the internet or a mobile device, no matter where you are. In the New York City area you can also listen over a special radio, which you can either purchase for \$125, or if you are on Medicaid, you can get as a free loaner, subject to availability.

Check below how you wish to listen to Gatewave:

- Radio Receiver purchase option, \$125**
- Radio Receiver loan option, copy of Medicaid card attached**
- Internet**
- Mobile app**

NOTE: Radios that received "In Touch Networks" should also receive Gatewave

Annual contributions are encouraged to help reduce our administrative expenses and all applicants are requested to make a donation to help defray the cost of providing the service. An inability to contribute will not affect eligibility for service. If you enjoy using Gatewave but cannot contribute, we encourage you to ask a relative or friend to make a donation to Gatewave in your name. Gatewave is a registered not-for-profit charitable organization. Gifts to Gatewave are deductible to the full extent of the law.

APPLY FOR GATEWAVE SERVICE

(Fill out all sides where applicable)

ELIGIBILITY - If you meet **any one** of the following criteria, you are eligible to receive this service. Please check all applicable boxes.

- You are certified as **legally blind**
- You have only **partial vision**, requiring the use of visual aids other than ordinary eyeglasses in order to read conventional print comfortably
- You have a **physical disability** that prevents normal reading because of an inability to hold printed material,
- You have a **reading disability**.

VERIFICATION:

Are you registered with:

A. The NYS Commission for the Blind? Yes No

B. The Library of Congress Talking Books Program? Yes No

If you answered "no" to both questions, you will need to have a Certification of Disability form completed by a physician, nurse, social worker, rehabilitation counselor or other qualified individual. You will also need to complete the rest of this application.

If you answered "yes" to either question, you are eligible for Gatewave service. You will need to complete the rest of this application, but filling out the Certification of Disability form is optional.

FOR OFFICE USE ONLY

Date Received _____ Action taken _____ Radio Sent _____

Medicaid Radio # _____ CONTACTED BY MAIL OR EMAIL ON _____



Please mail completed application to:
GATEWAVE, Inc. 244 Fifth Avenue, Suite G-201, NY, NY 10001
For more information: 646-202-1049 or info@gatewave.org

USER INFORMATION

Mr. Mrs. Ms. Miss

Full Name _____

Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Is this a multi-resident facility? Yes No

If yes, name of facility _____

Telephone: Home: (_____) _____

Work: (_____) _____ Cell: (_____) _____

Email address: (required for Internet Access) _____

Occupation: _____

Education: High School College Graduate School

TWO CONTACT PERSONS, not living with you, must be provided. They will only be contacted if your mail is returned and you have not notified Gatewave of a new address and phone number.

First Contact-Name: _____

Phone: (____)_____

Address: _____

City/State/Zip _____

Email (if available) _____

Second Contact-Name: _____

Phone: (____)_____

Address: _____

City/State/Zip _____

Email (if available) _____

Type of Service Requested

INTERNET/MOBILE APP - Info will be sent to you by e-mail

RADIO PURCHASE – Include a check for \$125, made out to Gatewave, with your application

RADIO LOAN – As radios are available, for Medicaid Recipients Only. To apply for a radio please read and sign this agreement:

I am currently a Medicaid recipient. I would provide a copy of my Medicaid card to GATEWAVE. I am aware that the receiver is on LOAN to me and shall remain property of GATEWAVE. In the event that I no longer need the service, I will return the receiver to GATEWAVE at the address above.

Signed

Date:

Application Update 01/24/16

Gatewave

244 Fifth Avenue, Suite G-201, New York, NY 10001 ♦ 646-202-1049 ♦ gatewave.org ♦ info@gatewave.org

Certification of Disability – Gatewave

This certification is required for radio reading services in order to comply with Federal Copyright Laws. It is to be completed by a physician, Nurse, Librarian or social worker. **NOT required for applicants who are registered with the NY State Commission for the Blind or the National Library Service for the Blind.**

Return form to: Gatewave, 244 Fifth Avenue, Suite G-201, NY, NY 10001

Name of Applicant:
(Please print)

Please explain the nature of the disability that qualifies this individual as print handicapped. *(Please be specific. Print handicapped is defined as the inability to access conventional printed information due to a visual impairment, a physical disability, or a temporary condition, which prohibits the holding of reading material.)*. Only one of the following descriptions is necessary.

Visual Impairment:

- Diabetic Retinopathy Macular Degeneration
- Glaucoma Retinitis Pigmentosa Legally Blind
- Other *(please specify)* _____

Physical Impairment:

- Cerebral Palsy Multiple Sclerosis Severe Arthritis
- Amputation Spinal Cord Injury Stroke Cancer
- Physical inability to hold a book or turn pages
- Hard of hearing (radios are equipped with a headphone jack – headphones not provided)
- Other *(please specify)* _____

Other Impairment (please specify):

- Dyslexia
- Extreme weakness or Excessive fatigue preventing reading of printed matter
- Other _____

I do hereby certify that the applicant named above is unable to use conventional print media as a result of the disability described:

Certified by (signature) _____

Title _____

Please print name of professional signing this certification:

Business Name: _____

Street Address: _____

City/State: _____ ZIP: _____

Telephone # () -