

APPLICATION FOR SERVICE



A Gatewave radio enables the recipient to listen daily to the reading of publications such as the *New York Times* and several other daily newspapers as well as a host of other magazines and occasional books. In addition, Gatewave provides programs produced specifically for those with visual impairments and other disabilities.

In order to qualify to receive our service you must complete this application.

Please *complete* this application form and return it to Gatewave at the address indicated. Upon our acceptance of the application, a Gatewave radio will be provided to the applicant. The radio will be loaned to the applicant for as long as they need the service.

Gatewave programming is also available via the Internet and may be received on your computer or with a special Internet radio. Please contact us for details.

All applicants are requested to make a donation of \$18 a month or \$200 a year to help defray the cost of providing this service. This charge covers only a small portion of our costs. Annual contributions are encouraged to help reduce our administrative expenses. 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. A Membership Pledge Form is attached to this application. Gatewave is a

Gatewave

244 Fifth Avenue, Suite G201, New York, NY 10001 • 646 202 1049 • gatewave.org • info@gatewave.org

registered not-for-profit charitable organization. Gifts to Gatewave are deductible to the full extent of the law.

Welcome to the Gatewave family.

ELIGIBILITY -You are eligible to receive Gatewave services, if you cannot read standard printed materials because of a visual disability or you have a learning or physical disability.

To qualify for a radio or internet access, the applicant must meet **one** of the following eligibility criteria. Please check applicable box(es).

- 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, they are eligible to receive this service.

VERIFICATION REQUIREMENTS

Are you registered with:

- A. The NYS Commission for the Visually Handicapped? Yes No *
- B. The Library of Congress Talking Books Program? Yes No *

Required Certification of Disability: * If you answered NO to both A & B, please have the attached certification form completed by a physician, nurse, social worker, rehabilitation counselor or other qualified individual. If you answered YES to either A or B, completion of the attached certification is optional. However, we do need you to complete the rest of this application.

Broadcast Schedule

(If you wish a copy of the schedule, please check below)

Large Print CD

Type of Service Requested

RADIO RECEIVER INTERNET RADIO WEBSITE USER

Applicant Information

Mr. Mrs. Ms. Miss

Last Name: _____

First Name: _____

Street Address: _____

Apartment: _____

City/State: _____

ZIP + 4: _____

Birthday: Month _____ Day _____ Year _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email: _____

Occupation: _____ Social Security # _____

Education: High School College Graduate School

How did you hear of us? Check all applicable.

Library Internet Ophthalmologist IAAIS Friend

Radio Ad Social Service Agency Telephone Directory

Other _____

Please specify type of blindness or physical disability

Where do you live?

Alone Member of Household At School

Nursing or Retirement Home

(Facility Name) _____

THIS SECTION APPLIES TO THOSE REQUESTING A RADIO

TWO CONTACT PERSONS, one may be living with you, one not living with you, must be provided:

These persons may be living outside of the New York Metropolitan Tri-State Area. They will only be contacted if your mail is returned and you have not notified Gatewave of a new address and phone number.

Name _____

Address _____

Phone _____ - _____ Email _____

Relationship to Applicant: _____

Name _____

Address _____

Phone _____ - _____ Email _____

Relationship to Applicant: _____

The above information is complete and accurate. I am requesting Gatewave service for my personal use. If a radio receiver is loaned to me, I agree to ensure its safe return when I discontinue listening or move away from the broadcast area. If the receiver should become lost or seriously damaged beyond reasonable wear and tear, I will accept financial responsibility for its replacement.

Applicant's Signature Required (guardian signature required for applicants under 18)

Date _____

All information supplied is for Gatewave's administrative use only and will not be shared, distributed, sold or otherwise used.

Occasionally Gatewave will utilize email to communicate with our registered listeners to provide news and other useful information. If you do not wish to use email for this purpose, please check here .

Once we receive this application, someone will contact you to confirm your eligibility. The average wait is about 2 weeks. At times there are delays. For more information call: (646) 202-1049 or email us at info@gatewave.org

Please use **Membership Pledge Form** to provide contribution information.

FOR OFFICE USE ONLY

Delivered _____ Mailed _____ RECV"r# _____ Freq_____