

Certification of Disability

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.



Return form to: Gatewave
244 Fifth Avenue, Suite G-201
New York, 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)* _____

Gatewave

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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 + 4: _____

Telephone # _(_____)_____-_____