



FOUR WAYS TO RECEIVE GATEWAVE

1. RADIO – picks up special signal within about 55 miles of Times Square in New York; NOT available on regular radios; apply below

PURCHASE OPTION: \$125

LOAN OPTION: no charge; only available to Medicaid Recipients; as available; to be returned when no longer needed

NOTE: If you have a working “In Touch” radio it will receive Gatewave

2. INTERNET ACCESS – apply below; no charge

3. MOBILE PHONE APP – Download the free “iBlink Radio” app on your smartphone and look under Reading Services/New York (No application required)

4. NFB NEWSLINE (NFB Newsline registration required)

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 RADIO OR INTERNET ACCESS

(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 # _____



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 SERVICE - A link 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:
