



## **WAYS TO RECEIVE GATEWAVE**

If you want a radio receiver and live within a 55-mile radius of Times Square, New York City, you can get one by paying a one-time charge of \$125. Or if you are a Medicaid recipient, you can get a free loaner, subject to availability. You can also listen for free on our website via the Internet or mobile device, or on your telephone through a reader service. You will be contacted with the details when your application has been processed.

### **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**
- ☐ **Telephone reader**

**NOTE: If you have a working “In Touch” radio it will 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.

## GATEWAVE APPLICATION

(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](mailto: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) \_\_\_\_\_

I am currently a Medicaid recipient. I will 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:

\_\_\_\_\_

\_\_\_\_\_



## Certification of Disability

FILL OUT ONLY IF YOU ARE **NOT** REGISTERED WITH THE NEW YORK STATE COMMISSION FOR THE BLIND OR THE LIBRARY OF CONGRESS TALKING BOOKS PROGRAM.

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)* \_\_\_\_\_

**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 # \_(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_