



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