



APPLICATION FOR A WMHT RISE RADIO RECEIVER

Last Name First Name Birth Date (MM/DD/YYYY)

Address Street Apt. No.

City State Zip + 4 Digit Ext. County

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Home Phone Business Phone

Are you a WMHT member? Yes No How did you learn about RISE?

Do you live alone? as part of a household? in a nursing facility?

Next of kin or neighbor to contact when we are unable to reach you:

Name Relationship

Address Phone

In what form would you like to receive your RISE bi-monthly Program Guide?

Large Print Audio Cassette Internet Audio Stream

The specially tuned RISE receiver is loaned to you free of charge for as long as needed. However, if you are able to share the expenses of this broadcast service, any donation is appreciated. Please make your voluntary tax-deductible check payable to WMHT RISE at 4 Global View, Troy, NY 12180.

Agreement: I have personally requested this service and authorize that this application be signed in my behalf. I authorize the release by any agency, organization, physician, or clinic of medical data needed to determine my eligibility for RISE. I am aware that the receiver is on loan to me and shall remain the property of WMHT RISE.

Signature of applicant or authorized aide Date





CERTIFICATION OF PRINT DISABILITY

Are you registered with:

- A) The New York State Commission for the Visually Handicapped? __Yes __ No
B) The Library of Congress Talking Books Program? __Yes __ No

If you responded 'Yes' to either A or B, your application is complete and may be returned to WMHT RISE.

If you responded 'No' to both A and B, please have the following Certification form completed by a physician, nurse, social worker, librarian, rehabilitation counselor, or other appropriate professional.

Please explain the nature of applicant's disability:

Visual impairment _____
Physical impairment _____
Other (please specify) _____

This applicant for a WMHT RISE Radio Receiver cannot effectively use conventional print as a result of the disability outlined above.

Certified by:

Name _____
Title _____
Address _____
Phone _____ Date _____

Complete both sides and return to:

WMHT RISE
4 Global View
Troy, NY 12180-8375

518-880-3436
jstah@wmht.org
wmht.org/rise

