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www.washear.org

RADIO READING SERVICE / DIAL-IN READING SERVICE APPLICATION

Mr.
 Mrs.
 Ms. _____ *LAST* _____ *FIRST* _____ *MIDDLE*

_____ *Street Address* _____ *Apt. #* _____ *e-mail*

_____ *City* MD
 VA _____ *County* _____ -
 DC _____ *ZIP*

CONFIDENTIAL INFORMATION

- -
Home Phone

- -
MONTH DAY YEAR
DATE of BIRTH

- -
Office Phone

- -
Social Security Number

Legal Blindness or Physical Impairment

EDUCATION

- High School
- College
- Grad School
- Other

HOUSING

- Live Alone
- Live at School
- Member of Household
- Retirement Home
- Nursing Home

Name of Retirement / Nursing Home

REGISTERED / CERTIFIED MEMBER of:

- Library of Congress Talking Book Program
- Metropolitan Washington Ear

If you are NOT already certified, you MUST complete the CERTIFICATION FORM on the back

- RADIO READING SERVICE** —————> *Please complete the Radio Reading form on the back*
 - DIAL-IN READING SERVICE** —————> *Please complete the Dial-In form below*
- Service(s) you wish to apply for*

All our services are free, but contributions are greatly appreciated. Each custom built radio that we distribute costs the Washington Ear \$85. As a radio service user, the donation of \$85 would help us purchase additional radios so others could also enjoy the service.

DIAL-IN READING SERVICE AGREEMENT

I understand that the Dial-In Reading Service is solely for the blind, visually impaired and disabled, who can't read ordinary print. I promise that I will not disclose my identification code numbers to anyone. If I demonstrate the service to another person, I will enter the codes myself before I allow someone else to listen.

I further understand that if there is an abuse of my access codes, resulting in a pattern of simultaneous calls by multiple callers, my access codes will be changed. If the pattern persists, I will be suspended from the Dial-In service for a period of time.

Signature of applicant _____ *Date*

I would like instructions for the Dial-In Reading Service in: LARGE PRINT CASSETTE TAPE

Callers are issued identification and security access numbers, enabling them to enter the system. These numbers MUST be kept confidential. Unauthorized users can overload our phone system, making it difficult for legitimate users to access the system. Our computers can track all ID number abuses.

The METROPOLITAN WASHINGTON EAR, INC. is a private non-profit 501C corporation and is NOT a part of any other organization, library or government agency.

RADIO READING SERVICE AGREEMENT on LOAN of a SCA RECEIVER

I, the undersigned party, do hereby agree with the Metropolitan Washington Ear, Inc., (hereafter, MWE) on the possession and use of a SCA radio which will receive MWE special broadcast material. I or my representative agree to comply with the eligibility requirements of MWE and the terms and conditions for the lawful possession and use of such receiver at all times. I understand that the loan of such a receiver is conditioned upon the continuing equitable interest of MWE and upon the special obligations of MWE as the broadcaster and of the sub-carrier frequency or it's successor.

I further understand that MWE provides each listener with one receiver free of charge to be used on permanent loan until the service is no longer wanted or needed. A second receiver will only be released if a listener contributes an equal amount to reimburse MWE for the cost of providing the set. MWE will keep receivers unless there are signs of deliberate abuse. In such a case, a listener may be asked to pay for repair and/or service will be halted until repair is made.

Accordingly, I do hereby promise and agree that:

1. I will use such receiver in accordance with the rules of MWE.
2. I will return such receiver to MWE if:
 - (a) I should move outside the broadcast range
 - (b) I no longer want to use it
3. I will not transfer possession or assign any right, title or interest in such receiver
4. I will notify MWE of changes in my address

Signature of applicant

Date

Please list name, address and telephone number of two (2) persons who have agreed to be responsible for returning the receiver in the event you are unable to do so.

Name

Name

Street Address

Street Address

City, State and ZIP

City, State and ZIP

- -

Home Phone

- -

Home Phone

MEDICAL ELIGIBILITY CERTIFICATION FORM

Eligibility: a person must be unable to utilize ordinary print because of one or more of the following limitations:

1. Visual acuity of 20/200 or less in the better eye with correction
2. Blurred or double vision after normal correction, as determined by competent authority
3. Physical inability to hold a book or turn pages
4. Visual or physical impairment, extreme weakness or excessive fatigue preventing reading of printed matter

Any of the above conditions must be certified by a: ophthalmologist, medical doctor, optometrist, head of agency, occupational therapist, nurse, professional staff of health and welfare agencies, teachers of handicapped, professional librarian knowledgeable of residents remote from other facilities or other competent authority.

Visual or physical condition preventing applicant from reading conventional print materials

Certifying authority

Date certified

Title

Address

Phone