

STUDENT APPLICATION for READERS AID PROGRAM FUNDS

Name (Last, First, Middle Initial):	Social Security Number (last 4 digits) - _ _ _ _
Permanent Home Address:	
Name of Institution of Higher Education:	
Address of Institution of Higher Education:	
Are you matriculated in a Degree program or working toward a Certificate through an Institution of Higher Education? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you affiliated with either of the following New York State Agencies? Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) <input type="checkbox"/> No <input type="checkbox"/> Yes _____ - _____ (If YES, print your counselor's name) (if YES, print your counselor's location) Commission for the Blind and Visually Handicapped (CBVH) <input type="checkbox"/> No <input type="checkbox"/> Yes _____ - _____ (If YES, enter your counselor's name) (if YES, enter your counselor's location)	
I am attaching the following blind or deaf Proof of Disability (POD): For Legal Blindness and/or Deafness <input type="checkbox"/> CBVH certification number: _____ <input type="checkbox"/> Medical eye report from certified Ophthalmologist <input type="checkbox"/> Audiogram from certified Otologist indicating air and bone conduction thresholds <input type="checkbox"/> Other (Note type, e.g. Doctor's Statement) _____	
Applicants Certification Signature: _____ Date: _____	Return completed form to your: <u>Institution of Higher Education Student Disabilities Services Coordinator</u> For information contact: Donald McManus (518) 473-1626 Donald.McManus@nysed.gov NYS Readers Aid Program NYS Education Department – ACCES-VR 89 Washington Avenue, EBA 580 Albany, New York 12234