New York State Education Department
Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)

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?	☐ Matriculated ☐ Certificate

Are you affiliated with either of the following New York State Agencies?

Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)

☐ No ☐ Yes _____ - _____
(If YES, print your counselor's name) (if YES, print your counselor's location)

New York State Commission for the Blind (NYSCB)

☐ No ☐ 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

☐ NYSCB certification number: _____

☐ Medical eye report from certified Ophthalmologist

☐ Audiogram from certified Otologist indicating air and bone conduction thresholds

☐ Other (Note type, e.g. Doctor's Statement) _____

Applicants Certification	Return completed form to your: Institution of Higher Education Student Disabilities Services Coordinator
Signature: _____ Date: _____	For information contact: Readers Aid at (518) 486-9519 ReadersAidACCESVR@nysed.gov NYS Readers Aid Program NYS Education Department – ACCES-VR 89 Washington Avenue, EBA 580 Albany, New York 12234