

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? <div style="float: right;"><input type="checkbox"/> Matriculated <input type="checkbox"/> Certificate</div>	
Are you affiliated with either of the following New York State Agencies?  <b>Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>New York State Commission for the Blind (NYSCB)</b>  <input type="checkbox"/> No <input type="checkbox"/> Yes	
I am attaching the following blind or deaf Proof of Disability (POD): For Legal Blindness and/or Deafness  <input type="checkbox"/> NYSCB certification <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: Readers Aid at <a href="mailto:ReadersAidACCESVR@nysed.gov">ReadersAidACCESVR@nysed.gov</a>  NYS Readers Aid Program NYS Education Department – ACCES-VR 89 Washington Avenue, EBA 580 Albany, New York 12234