

Connecticut's  
Talking Newsstand  
for the Blind  
and Print-handicapped



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Windsor, CT 06095  
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Website: [crisradio.org](http://crisradio.org)  
E-mail: [info@crisradio.org](mailto:info@crisradio.org)

### Application for FREE Access to CRIS Programs

I request:  Radio Receiver  Cable Information  Telephone Reader access

#### Personal Information

Mr.  Mrs.  Ms.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Bus. Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Contact Person (Relative, Friend, or Caregiver)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Bus. Tel: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### CRIS Radio Receiver

Radios have earphone jacks, but earphones are not provided.

Type of radio preferred:  Electric  Electric/Battery

Do you have: Cable TV?  Yes  No Internet access?  Yes  No

#### Residence:

Private home  Condo/Apartment  Assisted Living

How would you prefer to receive your CRIS Program Guide?

Large Print  Braille  Cassette  CD  E-Mail

Listener's Name \_\_\_\_\_

Receiver # \_\_\_\_\_

Serial # \_\_\_\_\_

Frequency \_\_\_\_\_

Date Mailed \_\_\_\_\_

Returned \_\_\_\_\_

**I Am Registered With:**

- The Connecticut Board of Education and Services for the Blind
- Connecticut State Library – Library for the Blind and Physically Handicapped

**I Authorize:**

- The Connecticut Board of Education and Services for the Blind
- Connecticut State Library – Library for the Blind and Physically Handicapped

To share my contact information with the Connecticut Radio Information System should they need it to update their files.

Authorized Signature \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note: If not registered with either of the above agencies,** please have a physician, nurse, physical therapist, social worker or other individual in the allied health field complete the certification.

**Certification of Disability**

- Blindness
- Visual Impairment
- Physical Disability
- Other \_\_\_\_\_

The applicant cannot use conventional print as a result of the above disability.

Certifying Authority \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Read and Sign This Agreement**

I have personally requested access to receive CRIS programs and authorize that this application be signed on my behalf (if necessary). I authorize the release of medical information that may be required to determine my eligibility to access the programs of the Connecticut Radio Information System.

The radio provided by Connecticut Radio Information System is on loan to me. Should I no longer need or want the service, I (or someone acting on my behalf) will return the radio to the Connecticut Radio Information System in the shipping box provided.

Signature of Applicant or  
Authorized Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_