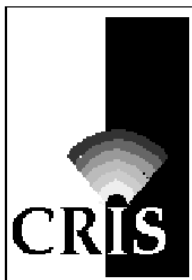


*Audio Access
for the Blind
or Print-Challenged*



315 Windsor Avenue
Windsor, CT 06095

Tel: (860) 527-8000 • Fax: (860) 727-9581

Website: www.crisradio.org

E-mail: info@crisradio.org

Application for FREE Access to CRIS Programs

I request: ☐ Radio Receiver ☐ Cable Information ☐ Telephone Reader access

Personal Information * indicates required 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. Earphones are not provided.

Do you have: Cable TV? ☐ Yes ☐ No Name of Cable Service _____

Frontier U-Family ☐ Yes ☐ No Internet access? ☐ Yes ☐ No

Amazon Echo / Google Home/or other Smart Voice Speaker? ☐ Yes ☐ No

Residence:

☐ Private home ☐ Condo/Apartment ☐ Assisted Living ☐ Nursing Home

How would you prefer to receive your CRIS Program Guide?

☐ Large Print

☐ Braille

☐ CD

☐ USB Thumb Drive

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: ____/____/____