



SIGHT INTO SOUND  
3935 ESSEX LANE HOUSTON, TEXAS 77027  
PHONE: 713-622-2767 WWW.SIGHTINTOSOUND.ORG

## APPLICATION FOR A LOANER RADIO

### APPLICANT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

Cell Phone: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Sex: M \_\_\_ F \_\_\_ Ethnicity: White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Other \_\_\_

How did you hear about us? \_\_\_\_\_

I agree to return my loaner radio when I no longer have use for it or if I move from the broadcast area.

### ALTERNATE CONTACT: (friend, relative or neighbor at a different phone number)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### CERTIFICATION BY PROFESSIONAL (required):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

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

The applicant is unable to read standard print due to the following reason:

macular degeneration \_\_\_ diabetic retinopathy \_\_\_ retina pigmentosa \_\_\_  
glaucoma \_\_\_ stroke \_\_\_ trauma/accident \_\_\_ dyslexia \_\_\_  
other, please specify \_\_\_\_\_

**Signature of Certifier** \_\_\_\_\_

Certifier Credential: MD \_\_\_ ophthalmologist \_\_\_ optometrist \_\_\_  
occupational therapist \_\_\_ social or rehab worker \_\_\_ teacher \_\_\_ counselor \_\_\_  
other, please specify \_\_\_\_\_

Internal Use:  
Radio #  
\_\_\_\_\_

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

Amplified  
Antenna:  
Yes: \_\_\_  
No: \_\_\_

Database entry:  
\_\_\_\_\_