APPLICATION FORM

ALL INFORMATION IS KEPT CONFIDENTIAL

Xavier Society for the Blind
248 West 35th Street, Suite 1502
New York, NY 10001-2505
(212) 473-7800 (800) 637-9193
clientservices@xaviersocietyfortheblind.org

PLEASE PRINT

Full Name _____ **Date of Birth** ___ / ___ / _____

Address _____ **City**_____

State/Province_____ **ZIP/Postal Code** _____ **Country**_____

Do you attend a Catholic parish on a regular basis? (Please specify) _____

Primary Phone (Home / Work / Cell) _____

E-Mail _____@_____

Are you a patron of another library for the blind? _____

How did you hear about us? _____

PLEASE CHECK OFF ALL BOXES THAT APPLY TO YOU

I read Braille ☐ I am able to read UEB (Unified English Braille) ☐ I have a braille display ☐
I have regular access to the Internet ☐
I have a Talking Book machine from the National Library Service (NLS) ☐
I can read large print ☐

For correspondence, which format should be used? Mail ☐ Braille☐ E-Mail ☐

CERTIFICATION

The certification may be supplied by a qualified professional, or by a representative of any institution or agency engaged in working with the visually or physically impaired who has a direct knowledge of the applicant's condition.

Name of Certifier _____
Title (or professional degree) _____
Agency or institution (if applicable) _____
Office Address _____
City_____ **State/Prov.** _____ **Zip/Postal**_____
Office Phone _____
I hereby certify that the following applicant, _____, **who is requesting free services of Xavier Society for the Blind, has the following (please check one): Legally Blind ☐ Visual Handicap ☐ Reading Disability ☐ Deaf/Blindness ☐ Physical Handicap ☐ (Please specify**_____**) and cannot read standard printed material for the reason indicated above.**

Signature of certifier _____ **Date**_____