



APPLICATION FORM
ALL INFORMATION IS
KEPT CONFIDENTIAL

110 East 30th St, Suite 402
New York, NY 10016
(212) 473-7800 (800) 637-9193
clientservices@xaviersocietyfortheblind.org

Full Name _____

Date of Birth _____ **Phone** _____

Address _____

City _____ **State or Province** _____

ZIP or Postal Code _____ **Country** _____

Name of Catholic parish (if applicable) _____

E-Mail _____

Are you a patron of a Library for the Blind (if yes, please specify)? _____

How did you hear about us? _____

What formats are you interested in?

Check all that apply:

- | | |
|---|--|
| ☐ Hard copy braille | ☐ Electronic braille (BRF) |
| ☐ Large Print | ☐ Talking Book (audio) |

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 _____

Office Address _____

City _____ **State or Province** _____

Zip or Postal Code _____ **Office Phone** _____

I hereby certify that the following applicant,
_____, **who is requesting free**
services of Xavier Society for the Blind is:

☐ **An individual who is blind or has a visual impairment that makes them unable to comfortably read print books.**

☐ **An individual who has a perceptual or reading disability.**

☐ **An individual who has a physical disability that makes it hard to hold or manipulate a book or to focus or move the eyes as needed to read a print book.**

Certifier Signature _____ **Date** _____