



Application Form

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

All information is kept confidential.

Full Name _____ Date of Birth _____

Address _____ City _____

State or Province _____ ZIP or Postal Code _____ Country _____

If you regularly attend a Catholic parish, please specify _____

Primary Phone _____

E-Mail _____

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

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

CERTIFICATION

Certification may be provided by a qualified professional or by a representative of an institution or agency that works with individuals who are visually or physically impaired and has direct knowledge of the applicant's condition.

Name of Certifier _____

Title (or professional degree) _____

Agency or institution (if applicable) _____

Office Address _____

City _____ State or Province _____ Zip or Postal Code _____

Office Phone _____

I hereby certify that the above-named 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

Signature of certifier _____ Date _____