

New York State Education Department
Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)

2017-2018 STUDENT APPLICATION for READERS AID PROGRAM FUNDS

Name (Last, First, Middle Initial):	Social Security Number (last 4 digits) - _ _ _ _
Permanent Home Address:	
Name of Institution of Higher Education:	
Address of Institution of Higher Education:	
Are you matriculated in a Degree program or working toward a Certificate through an Institution of Higher Education? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are you affiliated with either of the following New York State Agencies? Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) <input type="checkbox"/> No <input type="checkbox"/> Yes _____ - _____ (If YES, print your counselor's name) (if YES, print your counselor's location) NY State Commission for the Blind (CBVH) <input type="checkbox"/> No <input type="checkbox"/> Yes _____ - _____ (If YES, enter your counselor's name) (if YES, enter your counselor's location)	
I am attaching the following Blind or Deaf Proof of Disability (POD): For Legal Blindness and/or Deafness <input type="checkbox"/> CBVH certification number: _____ <input type="checkbox"/> Medical eye report from certified ophthalmologist <input type="checkbox"/> Audiogram from certified otologist indicating air and bone conduction thresholds <input type="checkbox"/> Other (Note type, e.g. Doctor's Statement) _____	

Applicants Certification

Signature: _____

Date: _____

Return completed form to your: Institution of
Higher Education Student Disabilities
Services Coordinator

For information contact: Dennis Barlow
(518) 474-7343
Dennis.Barlow@nysed.gov

NYS Readers Aid Program
New York State Education Department
ACCES-VR
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