New York State Education Department

Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR)

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? ◯Yes ◯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)

◯No ◯Yes _____ - _____
(If YES, print your counselor's name) (if YES, print your counselor's location)

NY State Commission for the Blind (CBVH)

◯No ◯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

◯CBVH certification number: _____

◯Medical eye report from certified ophthalmologist

◯Audiogram from certified otologist indicating air and bone conduction thresholds

◯Other (Note type, e.g. Doctor's Statement) _____

Applicants Certification	Return completed form to your: Institution of Higher Education Student Disabilities Services Coordinator
Signature: _____ Date: _____	For information contact: Dennis Barlow (518) 474-7343 **Dennis.Barlow@nysed.gov** NYS Readers Aid Program New York State Education Department ACCES-VR 89 Washington Avenue EBA 5th Floor Room 580 Albany, NY 12234

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