



# Kentucky School for the Blind Charitable Foundation

## BRaille WRITER REQUEST

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ County: \_\_\_\_\_

How long have you been using braille in your everyday activities? \_\_\_\_\_

Please check one: Student \_\_\_\_ Grade Level \_\_\_\_ OR Employed \_\_\_\_

Name of school or place of employment and location: \_\_\_\_\_

\_\_\_\_\_

Are you a vocational rehab client? \_\_\_\_ Yes \_\_\_\_ No If yes, where? \_\_\_\_\_

### **You must submit the following documents with your application:**

- A current eye exam or verification of legally blind status
- A letter of recommendation from a teacher, counselor or other professional (if enrolled in school)
- A letter from your rehabilitation counselor (if you are a vocational rehab client)

### **Please send your application and supporting documents to:**

Kentucky School for the Blind Charitable Foundation  
214 Haldeman Avenue  
Louisville, Kentucky 40206

**Fax:** (502) 897-3194  
**E-mail:** contactus@ksbcf.org  
**Phone:** (502) 897-3990

### **GUIDELINES FOR USE OF PERKINS BRAILLE WRITER**

1. I will assume full responsibility for the braille writer's safe keeping and care.
2. I will not sell, loan, or rent the braille writer to another person.
3. I will return the braille writer to KSBCF as needed for routine cleaning and maintenance.
4. I will not allow anyone except the Kentucky School for the Blind Braille Writer Repair Dept. to do any maintenance or repairs on the braille writer loaned to me.
5. If I move out of Kentucky, I will return the braille writer to KSBCF. If I move within the state, I will notify KSBCF of my new address.

I hereby agree to comply with the above guidelines.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature (if applicant is under 20)*

\_\_\_\_\_  
*Date*

#### **OFFICE USE ONLY:**

Date request received: \_\_\_\_\_

Reviewed/Approved By: \_\_\_\_\_

Braille Writer ID# \_\_\_\_\_

Serial# \_\_\_\_\_