

NEW YORK

Application for Special Services for People with Disabilities

If you have a disability that prevents you from using a rotary or touchtone telephone, or a telephone directory, Verizon can help. To qualify for these services you must have a visual or motion disability.

For certification of your disability, please have a Physician or Authorized Agency* complete the second page of this application and attach a copy of your certification to this form.

*For information on Authorized Agencies, call toll free: 1-800-974-6006 (Voice & TTY)

- Exemption from Directory Assistance Charges (applies when your phone is used to call 411)
- □ Exemption from Operator Assisted Calls (applies when operator places a call for you from your phone
- □ Verizon Braille Bill (provided monthly)
- □ Verizon Large-Print Bill (provided monthly)

Signature _____

Date _____

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED AGENCY (ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

Physician or Agency Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number: ()		
I hereby certify that the applicant is	qualified for the	exemption.
Signature		_ License Identification

CHECK THE CONDITION THAT APPLIES TO THE APPLICANT

- □ Legal Blindness is defined as a visual acuity of 20/200 or less in the better eye with corrective lenses, or when the widest diameter of the visual field subtends an angular distance no greater than 20 degrees.
- □ Visual Disability is defined as the inability to read printed material, with or without corrective lenses, and includes the inability to read telephone book size characters.
- □ Reading Disability is defined as a functional illiteracy or a developmental disability such as Dyslexia. This disability must prevent the use of telephone directories.
- □ Physical Disability is defined as the inability to use ordinary printed material or a rotary or touchtone phone as a result of physical limitations.

I estimate that the duration of the condition will be:

Permanent Temporary (over 1 but under 2 years. Verizon may request a renewal application.

MAIL COMPLETED APPLICATION TO:

Verizon Center for Customers with Disabilities 900 Chelmsford Street 4th Floor Lowell, MA 01851