in-Home Talking Medical Device

Application Form

This project would not be possible without a generous grant from  
Aflac. The following information will be kept confidential. Once  
you have completed this application, please sign and mail it to the  
following address.

Federation Center of the Blind

TMD Project

119 S. Kilbourne Rd

Columbia, SC 29205.

Completed signed applications can also be emailed to the  
Federation Center at nfbsc@se.rr.com.

Please provide a written statement from *your doctor* on business  
letterhead verifying your need for the specified talking in-home  
medical device. Please be as specific as possible. Only Qjj device  
will be considered for each applicant at this time. No applications  
will be considered until a doctor's statement is also received.

Once the application and doctor's statement are received, the  
Talking Medical Device Review Committee will review the  
applications and notify the individual of the determination. The  
TMD Review Committee will meet biweekly, but will adjust the  
meeting frequency as determined by the applications received.

Name

Street Address:

City, State, ZIP'

Phone #l:

Phone #2:

Date of Birth:

Are you legally blind?

Yes

No

Health condition you need to track:

Blood Sugar  
 Weight control  
 Body Temperature

Blood Pressure  
 Track Walking/number of steps  
 Oxygen level

Other and

describea

Please explain, in your own words, the reason you need a talking  
in home medical device:

Signature

Date