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