



Kentucky School for the Blind Charitable Foundation

BRaille WRITER LOAN PROGRAM

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.

FOR CLEANING / MAINTENANCE / REPAIRS, MAIL BRAILLE WRITER TO:

**KSB Charitable Foundation
214 Haldeman Avenue
Louisville, KY 40206**

Please include any notes regarding issues that need repaired and enclose the mailing address to which the device should be returned.

4. I will not allow anyone except KSBCF Braille Writer Repair to do any maintenance or repairs on the braille writer loaned to me.
5. I will not remove any identifying information or labels from the braille writer.
6. If I move out of the state of Kentucky, I will return the braille writer to KSBCF.
7. If I move within the state, I will notify KSBCF of my new address.

I have read, understand and hereby agree to comply with the above guidelines.

Signature

Date

Parent/Guardian Signature (if applicant is under 20)

Date

*A signed copy of these guidelines must be submitted with your application.
Please keep a copy for your own records.*

Kentucky School for the Blind Charitable Foundation

214 Haldeman Avenue | Louisville, KY 40206 | (502) 897-3990 | contactus@ksbcf.org | www.ksbcf.org



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BRaille WRITER APPLICATION

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 _____) Employed Unemployed

Current School / Employer: _____

Name of TVI (Teacher of the Visually Impaired): _____

Are you an Office for the Blind (OFB) client? Yes No

If yes, please list the name of your OFB counselor: _____

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 an Office for the Blind client)

I hereby state that I answered the above information accurately and to the best of my ability.

Signature

Date

Parent/Guardian Signature (if applicant is under 20)

Date

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

OFFICE USE ONLY: Date Received: _____ Reviewed/Approved By: _____

Braille Writer ID#: _____ Serial#: _____