



**RECEIVER LOAN AGREEMENT**

THIS RECEIVER UNIT IS FOR INDIVIDUALS WHO ARE VISION IMPAIRED OR LEGALLY BLIND.  
IT IS PRESET TO THE RADIO READING SERVICE AND IS NOT INTENDED FOR GENERAL PUBLIC USE.

NAME

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HOME ADDRESS

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MAILING ADDRESS IF DIFFERENT

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EMAIL

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CONTACT PERSON/RELATIONSHIP

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ADDRESS AND PHONE OF CONTACT PERSON

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RECEIVER SERIAL NUMER

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DATE OF INSTALLATION

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I HEREBY APPLY FOR A RADIO RECEIVER FROM THE BERKSHIRE TALKING CHRONICLE RADIO READING PROGRAM OF UNITED CEREBRAL PALSY (UCP). I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY FOR THE APPROVAL OF THIS APPLICATION. I ACKNOWLEDGE RECEIPT OF THE RECEIVER AND SERVICES. I AGREE TO MAINTAIN THE RECEIVER IN GOOD CONDITION AND NOTIFY UCP OF ANY PROBLEMS OR DAMAGES TO THE RECEIVER. I ALSO AGREE TO NOTIFY UCP OF ANY CHANGE OF ADDRESS OR IN THE EVENT THAT I NO LONGER NEED THE SERVICE. IF I NO LONGER NEED THE SERVICE, I AGREE TO RETURN THE RECEIVER OR MAKE ARRANGEMENTS SO IT CAN BE RETURNED TO UNITED CEREBRAL PALSY.

SIGNATURE OF RECIPIENT

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UCP CONTACT: BEVERLY PRENTICE  
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