



Accessibility Assistance Program Request Form

Voice Guidance TV and Set-top Box Controls, Menus and Program Guides

If you are blind or visually impaired and wish to receive a set-top box which audibly provides navigation controls, menus or program guides to select and display video programming, please complete this request form.

Name: _____ Customer Account Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Eligibility Requirements

To enroll or renew enrollment in the Conway Corp Voice Guidance Accessibility program, you must provide a certified card showing participation in a nationally-established program for individuals who are blind/visually impaired, a letter from an authorized state agency (e.g. case worker letter) or a letter of eligibility from your physician, ophthalmologist, optometrist or licensed eye specialist.

Set-top box rental charges will be waived for eligible participants.

Application and Eligibility Certification

Please fill out and sign this form and attach the appropriate proof of certification (do not send originals, only photocopies) and send to:

By mail: Conway Corp | P.O. Box 99 | Conway, AR 72033 | Attn: Manager, Customer Service

By email: comments@conwaycorp.net

Under penalty of perjury, I confirm that I qualify for the above noted request for assistance. I understand that I am required to notify Conway Corp if the need for an exemption no longer exists.

Signature

Date