IN CONFIDENCE

MOBILE PHONE APPLICATION - TELEPHONES FOR THE BLIND FUND

Registered Charity 255155

This Form must be completed, and supported by either a Social, Support, or Rehabilitation Worker.

Applicants must meet the following TFTB criteria:-

- Must be registered blind or registered partially sighted.
- Live alone, or often alone, or live with a partner also handicapped by disability or age.
- Lives in own room in a care home.
- Cannot be expected to afford a telephone from own or family resources.

1.	Name and address	Age
2.	Type of accommodation	
	Is Applicant owner or te	nant
	Is Warden available	
•	D	
3.	Date registered blind or re	gistered partially-sighted
4.	Any other disabilities	
5.	Financial resources:	
Please also complete the attached Form - INCOME AND EXPENSES STATEMENT.		
Pleas	e scan & return copy of con	npleted Forms, by email to: info@tftb.org.uk
If you need to use postal service, please ensure we have an email address to contact!		

Mr Mark Richardson, Chairman, 77 Deerings Road, REIGATE,

Surrey, RH2 OPT