



# APPLICATION FOR EXEMPTION FROM DIRECTORY ASSISTANCE / LOCAL OPERATOR ASSISTANCE CHARGES

(Directory Assistance Includes Associated Local Operator Assistance Charges)

Date \_\_\_\_\_

Customer Phone Number \_\_\_\_\_

Name of Disabled Person Applying for Exemption (print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code & Telephone Number \_\_\_\_\_

Area Code & Telephone Number \_\_\_\_\_

**To be completed if the telephone number to be exempt is in the name of someone other than the applicant.**

I hereby certify that the applicant is a full-time resident member of my household. In the event that the applicant named herein ceases to reside full-time in my household, or if the disability described herein ceases to exist, I will promptly advise Crosslake Communications of this fact.

\_\_\_\_\_  
Signature of Person to Whom Service is Billed

\_\_\_\_\_  
Telephone Number

## THIS SECTION TO BE COMPLETED ONLY BY THE CERTIFYING AUTHORITY

**Qualified Certifying Authorities Include:**

- Licensed Doctor/Nurse
- Ophthalmologists \*
- Optometrists\*
- Public Welfare Agencies
- Institutions
- Professional Hospital Staff Member
- Librarian\*
- Any person whose competence in this area is acceptable to the US Congress Librarian\*

\* Directory Assistance Exemption

I certify that the above individual has a disability which prevents:

- Use of the Telephone Directory (Customer qualifies for Directory Assistance charge exemption)
- Manually Completing Telephone Calls (Customer qualifies for Local Operator Assistance charge exemption)

The above individual is/ has a: (See page 2 for legal definitions of the following terms)

- Legally Blind
- Physical Disability (describe below)
- Visual Disability
- Other \_\_\_\_\_ (describe below)

DESCRIPTION:

\_\_\_\_\_

Signature of Certifying Authority	Title and Agency	Date
_____	_____	_____

The status of this application will be checked periodically by Crosslake Communications

## **LEGAL DEFINITIONS OF VISUAL, PHYSICAL AND MENTAL DISABILITIES**

### **LEGALLY BLIND**

Those whose visual acuity is 20/200 or less in the better eye with corrective glasses or whose widest diameter of visual field subtends an angular distance no greater than 20 degrees.

### **VISUALLY DISABLED**

Those whose visual disability, with correction and regardless of optical measurement with respect to "legal blindness" are certified as unable to read normal printed materials.

### **PHYSICALLY DISABLED**

Those who are certified by a competent authority as unable to read or use ordinary printed materials, as a result of physical limitation, such as loss of hands, or use and control of hands, constant severe tremor; spasticity or paralysis; uncorrectable double or tripe vision; incapacitating confinement, as in an iron lung; severe debilitating conditions such as found in advanced Parkinson's disease, cancer, and the aftermath of a stroke.

### **MENTAL LIMITATION**

Any person who has been diagnosed as having significantly subaverage intellectual functioning existing concurrently with demonstrated defects in adaptive behavior and manifested during the developmental period.

**Return completed application to:**

**Crosslake Communications  
35910 County Road 66  
PO Box 70  
Crosslake, MN 56442**

**Phone: (218) 692-2777  
Toll Free: (800) 992-8220**