Radio Eye, Inc

### LISTENER EQUIPMENT APPLICATION

# 1733 Russell Cave Road Lexington, KY 40505

# Telephone: 859-422-6390 or 800-238-5193 ext. 5

# Email: info@RadioEye.org

# www.RadioEye.org

**February 2019**

**I WOULD LIKE A  TRADITIONAL SCA RADIO  INTERNET RADIO**

**SPEAKER PHONE  AMAZON ECHO**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_**

**STREET ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAMILY SIZE: \_\_\_\_\_\_ VETERAN? Yes No**

**HOW DO YOU PREFER TO RECEIVE THE NEWSLETTER AND PROGRAM GUIDE?**

**EMAIL**  **PRINTED COPY  BRAILLE  CD  ON THE BROADCAST**

**SEX:**  **MALE**  **FEMALE  OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RACE (CHECK ALL THAT ARE APPLICABLE):**

**WHITE**  **AFRICAN AMERICAN**  **ASIAN**  **AMERICAN INDIAN OR ALASKAN NATIVE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

**ETHNIC CATEGORY:  HISPANIC OR LATINO  NOT HISPANIC OR LATINO**

**ANNUAL INCOME:**  **$0 - $11,669**  **$11,670-$23,340**  **$23,341-$46,679**  **$46,680**

**CURRENT LIVING ARRANGEMENT:**

**ALONE**  **AS MEMBER OF HOUSEHOLD**  **NURSING/RETIREMENT HOME**

**HOSPICE** **OTHER (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### 

#### I acknowledge the radio belongs to and remains the property of Radio Eye, and is to be returned when I no longer need or want the service.

* **Radio Eye is a non-profit service that depends on donations to operate. A $25 donation is requested to help Radio Eye defray operational costs.**
* **Please note that the inability to give a donation will not affect eligibility or service.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This section to be completed by physician, nurse, librarian, or other qualified person who knows the applicant’s disability.**

**NAME: (*please print)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE**: **\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## PROFESSIONAL CAPACITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## This is to certify that the above named individual is unable to read printed material because of the following disability:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**SIGNED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privacy Statement**

**Personal and private information collected in this application form is not shared with other organizations. Statistics only are used for grant writing and other statistical purposes.**

**Nondiscrimation Statement**

**Radio Eye provides reading services for all persons with an eligible disability regardless of race, ethnicity, color, religion, gender, sexual orientation, genetic information, status as a veteran, national origin, or age.**

**FOR OFFICE USE:**

## Check# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Serial # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Donorsnap  Mail Chimp  By Mail  By Hand