

Radio Eye, Inc

LISTENER EQUIPMENT APPLICATION

1733 Russell Cave Road Lexington, KY 40505
Telephone: 859-422-6390 or 800-238-5193 ext. 0
Email: info@RadioEye.org www.RadioEye.org

February 2022

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: _____ EMAIL: _____

PHONE: (____) _____ FAMILY SIZE: _____ ARE YOU A 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 & up

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: _____

APPLICATION CONTINUES ON BACK

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

MEDICAL PRACTITIONER'S NAME: *(please print)* _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PROFESSIONAL CAPACITY: _____ **PHONE:** _____

This is to certify that the named individual on page 1 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.

Nondiscrimination 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 ONLY:

Check# _____ **Date Received** _____ **Delivery Date** _____

Serial # _____ **Model** _____ **Frequency** _____

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