



LISTENER APPLICATION FOR BROADCAST INFORMATION PROGRAM DEVICE

Welcome to MindsEye, an award-winning radio service for those who are blind or print disabled. Our programming provides readings of periodicals and books that would otherwise be unavailable to those who cannot read printed materials. MindsEye’s special radio or Amazon Echo Dot are loaned to our listeners free of charge. MindsEye is a United Way agency. Funding is also provided in part by contributions from listeners and friends. To apply for free membership and use of the special MindsEye radio or Echo Dot, please make certain all three pages are completed before mailing this application to **MindsEye, 9541 Church Circle Dr, Belleville, IL 62223.**

Applicant Information

I am applying for: SCA Radio Amazon Echo Dot**

Mr. Mrs. Ms. Dr. _____
(Check one) First Name MI Last Name

Address: _____
Street Address Apartment/Unit

_____ City State ZIP Code

Home Phone:(____)_____ Cell Phone:(____)_____

Email: _____ Birth Date: _____
MM/DD/YYYY

Marital Status: Married Divorced Widowed Single
Spouse’s Name: _____

Program Schedules are available in 4 ways. Please choose one if needed.
 Large Print Braille Email Audio CD

****For an Echo Dot, you must have Wi-Fi, an email address, and an Amazon account.**

Additional Contact Information

Please provide two family members with different addresses and phone numbers.

Contact One - Name: _____

Relationship: _____ Email: _____

Street Address: _____

City/State/ZIP: _____

Home Phone:(____)_____ Cell Phone:(____)_____

Contact Two - Name: _____

Relationship: _____ Email: _____

Street Address: _____

City/State/ZIP: _____

Home Phone:(____)_____ Cell Phone:(____)_____

Demographic Information

Answers remain confidential and are not used to determine eligibility for service.
This information demonstrates that we serve a diverse audience as required by some funders, like the United Way.

Employment: Part-time Full-time Unemployed Retired Other _____

Veteran: Yes No

Years of Education:

Less than high school diploma High school diploma Some college
Bachelor's degree Master's degree Doctorate degree

Gender: Woman Man Nonbinary Decline to state

Ethnicity (check all that apply):

- Asian/Pacific Islander
- Black/African American
- Hispanic/Latinx
- Native American/Alaskan Native
- White/Caucasian
- Multiracial/Biracial
- A race/ethnicity not listed here

Annual Household Income:

- Less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 or more

How did you hear about MindsEye?

- MindsEye Listener MindsEye Volunteer Newspaper Radio/TV Event
 Healthcare Provider Another Nonprofit United Way Government Agency
 Other _____

Applicant Authorization & Agreement

I have signed on the space below or have personally requested this service and authorized that this application be signed on my behalf. I authorize the release by an agency, physician, or clinic of pertinent medical data to determine my eligibility for MindsEye.

I understand that if I qualify for service, I will be loaned a radio or Echo Dot, which is the property of MindsEye, and must be returned when I no longer need the service.

Signature

Date

Certification by Referring Agency

Physician, nurse, social worker, or other qualified person should complete this portion to certify that the applicant cannot read or effectively use conventional printed material as a result of visual or physical limitations.

Name of Applicant: _____

Specific *medical diagnosis* of the applicant's visual/physical disability:
(check all that apply)

- Cataracts
 Cerebral Palsy
 Diabetic Retinopathy
 Glaucoma
 Macular Degeneration

- Parkinson's Disease
 Retinitis Pigmentosa
 Stroke
 Other
(please list): _____

Certified by: _____
Printed Name

Title

Signature

Date

Address City State ZIP

Phone number Email