

MINDS EYE INFORMATION SERVICE APPLICATION

Welcome to Minds Eye Information Service,
award winning radio 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.

The special Minds Eye radio is *loaned* to our listeners free of charge.

Minds Eye is a United Way agency,
funding is provided in part by contributions from listeners and friends.

To apply for free membership and use of the special Minds Eye radio,
please make certain all three pages are completed before returning.

Mr. Mrs. Miss Ms. _____
(Please Circle) First Name Middle Initial Last Name

Street Address

City State Zip Code

County of Residence (_____) _____
Home Phone Number Cell Phone Number

Email Address _____ Birth Date ____/____/____

- How did you first hear about Minds Eye Information Service? (Check One)
- | | |
|---|---|
| <input type="checkbox"/> Minds Eye Listener/Volunteer | <input type="checkbox"/> Minds Eye Website |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> TV/Radio |
| <input type="checkbox"/> Church | <input type="checkbox"/> Event |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Government or Non Profit Service |
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Other _____ |

Program Schedules are available in three formats.
Please check the format(s) you'd like:

Large Print Braille Audio CD E-Mail

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: _____

The specific *medical diagnosis* of applicant's visual/physical handicap is:
(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Macular Degeneration |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Diabetic Retinopathy | <input type="checkbox"/> Retinitis Pigmentosa |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Other (please list): _____ | |

Certified by: _____
Signature Date

Name: _____
Printed Name

Title: _____ (_____) _____
(Physician, Counselor, Social Worker, etc.) Phone Number

Address City State Zip Code

Please send application to:
MINDS EYE INFORMATION SERVICE

9541 Church Circle Dr.
Belleville, IL 62223-1000
Fax 618-394-6438

Questions? Please contact us:
618-394-6221
314-241-3400 Ext 6221
www.mindseyeradio.org

Minds Eye Information Service is a United Way Agency
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