

# 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.  
Listeners may sign up for access to our website which provides live and archived  
readings of everything Minds Eye provides at [www.mindseyeradio.org](http://www.mindseyeradio.org).

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. Dr. \_\_\_\_\_  
(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)

\_\_\_ Minds Eye Listener/Volunteer

\_\_\_ Minds Eye Website

\_\_\_ Newspaper

\_\_\_ TV/Radio

\_\_\_ Church

\_\_\_ Event

\_\_\_ Presentation

\_\_\_ Government or Non Profit Service

\_\_\_ Health Care Provider

\_\_\_ Other \_\_\_\_\_

Would you also like access to [www.mindseyeradio.org](http://www.mindseyeradio.org) to hear Minds Eye live and  
archived programs on your computer? \_\_\_ Yes \_\_\_ No

Program Schedules are available in four 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:  
618-394-6444  
314-241-3400 Ext 6444  
www.mindseyeradio.org