

MINDSEYE APPLICATION FOR SERVICE

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. The special MindsEye radio is 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, access to our website for live and archived content, and use of the special MindsEye radio, please make certain all three pages are completed before returning.

Mr. Mrs. Miss Ms. Dr. _____
(Check One) First Name Middle Initial Last Name

[illegible]

Street Address

City _____ State _____ Zip Code _____

County of Residence	Home Phone Number	Cell Phone Number
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Email Address _____ Birth Date _____

How did you hear about MindsEye? (Check One)

Church
Event
MindsEye Listener and/or Volunteer
MindsEye Website
Newspaper
Other

Government Agency
Non Profit Service
Presentation
Radio or TV
United Way 211
Health Care Provider

Would you like access to www.mindseyeradio.org to hear live and archived programs from MindsEye on your computer?

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

Large Print Braille Audio CD E-Mail

Additional Contact information

Please provide two additional family members with different addresses and phone numbers:

Name	Relationship	Home Phone
Address		Cell Phone
City, State, Zip		E-mail Address
Name	Relationship	Home Phone
Address		Cell Phone
City, State, Zip		E-mail Address

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.

Years of Education _____ Gender: Male Female Other
 Place of Employment _____ Veteran: Yes No

Ethnicity (Please check all that apply)

African-American
 Asian
 Bi/Multi-racial
 Caucasian

Hawaiian/Pacific Islander
 Hispanic/Latino
 Native American/Alaskan Native
 Other _____

Annual Household Income (Please check one)

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	

Applicant's 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, 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 handicap:

(Check all that apply)

Cataracts

Cerebral Palsy

Diabetic Retinopathy

Glaucoma

Other (please list): _____

Macular Degeneration

Parkinson's Disease

Retinitis Pigmentosa

Stroke

Certified by: _____
Signature Date

Name: _____
Printed Name e-mail

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

Address City State Zip Code

Please mail the completed application to:

MindsEye

9541 Church Circle Dr.

Belleville, IL 62223-1000

Questions? Please contact us: (618) 394-6444 • (314) 241-3400 ext. 6444



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United Way
of Greater St. Louis

