

IRIS

FOR OFFICE USE

Iowa Radio Reading Information Service for the Blind and Print Handicapped, Inc.

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Des Moines, IA 50313
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Toll Free: 1-877-404-4747
Website: www.iowaradioreading.org

IRIS Area _____
IRIS # _____
Serial # _____
Model _____
Date Delivered _____
Installer _____
Returned _____

LISTENER APPLICATION FOR RADIO RECEIVER

To qualify for a radio receiver, a listener must be legally blind, visually impaired or physically handicapped to the extent that he or she cannot read ordinary print or can do so with considerable difficulty. Radio receivers remain the property of IRIS at all times. They are issued at no cost and **must be returned when no longer needed.**

All information on the application will remain confidential.

Listener Information

Listener: _____ (Circle One): Male Female

Address: _____

City, State, Zip: _____

Telephone: _____ E-mail address: _____

Date of Birth: _____ Date of Request _____ County _____

Secondary Contact

Contact Person and relation to listener: _____
(Secondary contact would be someone such as a relative, neighbor, or friend who is not living at same address)

Contact Address: _____

Contact Phone: _____

May IRIS contact you regarding IRIS news and events?

Yes _____ No _____ (If "No" is selected, secondary contact will only be contacted if listener cannot be reached).

Section I - Is the listener applicant named above a registered user of the Library for the Blind and Print Handicapped, Iowa Department for the Blind? Yes _____ No _____ Would the applicant like IRIS to notify the Library to contact them? Yes _____ No _____

Section II - I confirm that the applicant is unable to read independently due to:

_____ Blindness _____ Visual Impairment _____ Physical Disability

Signed: _____ Position: _____
(Facility Administrator, Doctor, Nurse, Social Worker, Clergy or Public Official)