|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LISTENER:** | | | | | |
| Application Date | | | | |  | | | | | | Birth Date | |  | | | | |
| First Name |  | | | | | | | | | | Last Name | |  | | | | |
| Address | | | |  | | | | | | | | | | | | | |
| City/State/Zip | | | |  | | | | | | | | | | | | | |
| Primary Phone | | | |  | | | | | | Email |  | | | | | | |
| County | | | |  | | | | | | | Gender | | □ Female  □ Male | | | Veteran | □ Yes  □ No |
| Race | | | | □ Caucasian □ Black or African American □ Asian  □ Hispanic or Latino □ American Indian or Alaska Native □ Other | | | | | | | | | | | | | |
| Nature of Disability | | | | | □ Legally Blind □ Physical Difficulty □ Cognitive Difficulty  □ Partial Vision □ Emotional Difficulty □ Other | | | | | | | | | | | | |
| Program Schedule Format | | | | | | | | | | □ Large Print □ Braille □ Audio CD □ mp3 via email | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| **SECONDARY CONTACT:** | | | | | | |
| First Name | |  | | | | | | | | | Last Name | |  | | | | |
| Relationship | | |  | | | | | | | Phone |  | | Email | |  | | |
|  | | | | | | | | | | | | | | | | | |
| **REFERRAL SOURCE:** | | | | | | |
| First Name | |  | | | | | | | | | Last Name | |  | | | | |
| □ Ia. Dept. for the Blind □ Veterans Admin. □ Friend □ Presentation □ Event □ Family  □ Organization Name & City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Phone | |  | | | | | | | | | Email |  | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **EQUIPMENT DETAILS - IRIS USE ONLY:** □ Provided by IRIS □ Owned by Listener | | | | | | | | | | | | | | | | | |
| □ Radio □ IPTV □ Landline □ Computer □ Smart Speaker □ Mobile Device | | | | | | | | | | | | | | | | | |
| Radio  Frequency Area | | □ Carroll □ Council Bluffs □ Cedar Falls □ Des Moines □ Dubuque  □ Ft. Dodge □ Iowa City □ Lamoni □ Mason City □ Okoboji  □ Ottumwa □ Sioux City | | | | | | | | | | | | | | | |
| Model | |  | | | | | | | Serial # | |  | | IRIS # |  | | | |
| Fulfill Date | |  | | | | | | Notes | | |  | | | | | | |
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IowaRadioReading.org Email: IRIS@IowaRadioReading.org 515.243-6833

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**Listener Information**

**Iowa Radio Reading Information Service for the Blind**