

Listener Information

Iowa Radio Reading Information Service for the Blind



LISTENER:

Application Date		Birth Date	
First Name	Last Name		
Address			
City/State/Zip			
Primary Phone		Email	
County	Gender		<input type="checkbox"/> Female <input type="checkbox"/> Male
Race		Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Asian <input type="checkbox"/> Other			
Nature of Disability	<input type="checkbox"/> Legally Blind <input type="checkbox"/> Partial Vision	<input type="checkbox"/> Physical Difficulty <input type="checkbox"/> Emotional Difficulty	<input type="checkbox"/> Cognitive Difficulty <input type="checkbox"/> Other
Program Schedule Format		<input type="checkbox"/> Large Print <input type="checkbox"/> Braille <input type="checkbox"/> Audio CD <input type="checkbox"/> mp3 via email	

SECONDARY CONTACT:

First Name	Last Name	
Relationship	Phone	Email

REFERRAL SOURCE:

First Name	Last Name	
<input type="checkbox"/> Ia. Dept. for the Blind <input type="checkbox"/> Veterans Admin. <input type="checkbox"/> Friend <input type="checkbox"/> Presentation <input type="checkbox"/> Event <input type="checkbox"/> Family		
<input type="checkbox"/> Organization Name & City _____		
Phone	Email	

EQUIPMENT DETAILS - IRIS USE ONLY: <input type="checkbox"/> Provided by IRIS <input type="checkbox"/> Owned by Listener					
<input type="checkbox"/> Radio <input type="checkbox"/> IPTV <input type="checkbox"/> Landline <input type="checkbox"/> Computer <input type="checkbox"/> Smart Speaker <input type="checkbox"/> Mobile Device					
Radio Frequency Area	<input type="checkbox"/> Carroll <input type="checkbox"/> Ft. Dodge <input type="checkbox"/> Ottumwa	<input type="checkbox"/> Council Bluffs <input type="checkbox"/> Iowa City <input type="checkbox"/> Sioux City	<input type="checkbox"/> Cedar Falls <input type="checkbox"/> Lamoni	<input type="checkbox"/> Des Moines <input type="checkbox"/> Mason City	<input type="checkbox"/> Dubuque <input type="checkbox"/> Okoboji
Model	Serial #	IRIS #			
Fulfill Date	Notes				