

Central Kentucky Radio Eye, Inc.

1733 Russell Cave Road, Lexington, KY 40505

Telephone & Fax: 859-422-6390

LISTENER/RADIO APPLICATION

Updated October, 2008

PART ONE: To be completed by (or on behalf of) the Listener

NAME: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NO: (_____) _____ EMAIL _____

SEX: MALE FEMALE AGE: _____

RACE: WHITE AFRICAN AMERICAN HISPANIC

OTHER (please specify) _____

ANNUAL INCOME: \$0 - \$32,450 \$32,451 - \$51,950 More than \$51,950

FAMILY SIZE:

CURRENT LIVING ARRANGEMENT:

ALONE AS MEMBER OF HOUSEHOLD NURSING/RETIREMENT HOME

HOSPICE OTHER (please specify) _____

PLEASE LIST THE NAME OF A CONTACT THAT DOES NOT LIVE WITH YOU:
(This can be a relative or close friend)

NAME: _____ PHONE: (_____) _____

RELATIONSHIP: _____

COST OF THE RECEIVER

- I acknowledge that the radio belongs to and remains the property of CKRE, and is to be returned when I no longer need or want the service.
- CKRE is a non-profit service that depends on donations to operate. A \$25 one-time user fee is requested to help CKRE defray operational costs.
- Please note that the inability to pay will not affect eligibility or service.
- If you cannot pay, we encourage you to ask a friend or relative to make a donation to CKRE.

SIGNED: _____ DATE: _____

PART TWO: To be completed by physician, nurse, librarian, or other qualified person who knows the applicant's disability.

NAME: *(please print)* _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PROFESSIONAL
CAPACITY: _____

PHONE: _____ ALT PHONE: _____

This is to certify that the above named individual is unable to read printed material because of the following disability:

SIGNED: _____ DATE: _____

For office use: - Check # _____ Date Received: _____

Radio Serial # _____ Date Sent: _____

Newsletter Lotus DB Mailing List By Mail By Hand