



LISTENER APPLICATION

Date _____

Listener Name Mr. Mrs. Ms. Miss _____

Street Address _____ City _____

State _____ Zip _____ County _____ Phone _____

Email Address _____

Nature of Disability

LEGALLY BLIND

READING LIMITATION

PARTIAL VISION

*Unable to read standard
printed material without
special aids or devices
other than regular glasses*

PHYSICAL HANDICAP

*Unable to read or use
standard printed material
due to physical limitations*

Fees GaRRS requests a one-time \$100 donation for the radio receiver.

Which type of radio would you prefer?

Console Receiver

Portable AC/DC Battery Operated Receiver

How did you hear about us?

Doctor

Service Provider

Other _____

Internet

Media

If you would like a Monthly Program Guide mailed to your home, do you prefer

Oversize Print

Braille

Casette

Email

Would you like to join our mailing list?

Yes No

DEMOGRAPHIC INFORMATION The Georgia Radio Reading Service (GaRRS) is a 501(c)(3) nonprofit organization that relies on donations and grant funds to provide our broadcast reading service to Georgia's visually and print-impaired populations. To seek grant funds, we request demographic information from our listeners. **This information will not be associated with the listener's personal information in any grant application, report, survey, etc.** Please complete the following demographic information:

Race

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Other _____ | | |

Gender

- Male
 Female

Location

- Urban
 Rural

Home

- Own
 Rent

Medicaid

- Yes
 No

Medicare

- Yes
 No

Veteran

- Yes
 No

Annual Household Income

- \$00 – \$10,800
 \$10,801 – \$25,000
 \$25,001 – \$45,000
 \$45,001+

Age Range

- 0 – 18
 19 – 54
 55 – 85
 85+

Work status

- Employed
 Unemployed
 Retired

Highest level of education completed _____

Do you wish the National Federation of the Blind to contact you regarding their services, including the *Newsline* telephone reading service? Yes No

Do you wish the Georgia Library for Accessible Services (GLASS) to contact you regarding their services, including the Talking Books program? Yes No

Contact person (in case a problem arises with delivery or reception of the radio receiver):

Name _____ Relationship _____

Street Address _____ City _____

State _____ Zip _____ Home Tel _____ Work Tel _____

PLEASE RETURN THIS COMPLETED APPLICATION with a check for \$100, made payable to the Georgia Radio Reading Service (GaRRS) to: **GaRRS, 260 14th Street NW, Atlanta, Georgia, 30318-5360.** *If you are unable to provide the \$100 donation, please call our office at 404-685-2820 or toll free at 1-800-672-6173 to inquire about sliding scale fees or other options.*