

Date: \_\_\_\_\_

**\*Required Fields**

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_  
Community \_\_\_\_\_ \*City \_\_\_\_\_  
\*Address \_\_\_\_\_ \*County \_\_\_\_\_  
\*Zip Code \_\_\_\_\_ \*Home Phone \_\_\_\_\_  
Email \_\_\_\_\_ \*Mobile Phone \_\_\_\_\_  
\*Date of Birth \_\_\_\_\_

\*Eligibility: Vision Loss \_\_\_\_ Other Barrier (Specify) \_\_\_\_\_

Gender (M / F /Non-Binary) \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Preferred Language \_\_\_\_\_ Household Size (#) \_\_\_\_\_

Female Head Household Yes \_\_\_ No \_\_\_ Veteran Yes \_\_\_ No \_\_\_

Income \_\_\_\_\_ Has Internet Yes \_\_\_ No \_\_\_

Referral Source: \_\_\_\_\_

**Alternate Contact**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

General Policy Consent (signature) \_\_\_\_\_

Notes:

To be completed by AINC staff only:

SCHEDULE FORMAT (CIRCLE ONE): LARGE PRINT BRAILLE THUMB drive WEBSITE

Equipment type: \_\_\_\_\_ Equipment ID: \_\_\_\_\_ Region: \_\_\_\_\_

Listener notified: Privacy Policy \_\_\_ Contribution Policy \_\_\_ Grievance Policy \_\_\_ Echo Consent signed \_\_\_

Has internet? \_\_\_ Yes \_\_\_ No Would you like to receive email updates from AINC? \_\_\_ Yes \_\_\_ No

Fecha: \_\_\_\_\_

**\* Información requerida**

\*Nombre \_\_\_\_\_ \*Apellido \_\_\_\_\_  
 \*Comunidad \_\_\_\_\_ \*Ciudad \_\_\_\_\_  
 \*Dirección \_\_\_\_\_ \*Condado \_\_\_\_\_  
 \*Código Postal \_\_\_\_\_ \*Teléfono casa \_\_\_\_\_  
 \*Correo electrónico \_\_\_\_\_ \*Tel. celular \_\_\_\_\_  
 \*Fecha de Nacimiento \_\_\_\_\_

\*Elegibilidad: Perdida de la Vista \_\_\_\_ Otra barrera (especifique) \_\_\_\_\_

Género (M/F/No binario) \_\_\_\_\_ Raza/Etnia \_\_\_\_\_  
 Idioma \_\_\_\_\_ # personas en casa \_\_\_\_\_  
 Cabeza de hogar mujer: Si \_\_\_\_ No \_\_\_\_ Veterano: Si \_\_\_\_ No \_\_\_\_  
 Ingreso familiar \_\_\_\_\_ ¿Tiene Internet? Si \_\_\_\_ No \_\_\_\_  
 Fuente de referencia: \_\_\_\_\_

**Contacto alternativo**

Nombre: \_\_\_\_\_  
 Teléfono: \_\_\_\_\_  
 Correo electrónico: \_\_\_\_\_

Consentimiento de políticas generales (firma) \_\_\_\_\_

Notas:

Para ser llenado solo por el personal de AINC:

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