Radio Eye, Inc

1733 Russell Cave Road Lexington, KY 40505

Telephone: 859-422-6390

**Hospital/Nursing Home Application**

**Hospital Nursing Home In-Home Care Other \_\_\_\_\_\_\_\_\_\_**

**Name of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Contact:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Contact:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many beds/rooms are licensed for this nursing home/hospital?\_\_\_\_\_\_\_\_\_**

**How many radios would you like for this nursing home/hospital?\_\_\_\_\_\_\_\_\_**

**Do you have the ability or interest to create a TV Channel with our station? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you would like more information, please contact us.**

**Are you interested in having our Outreach Committee come speak about our service to your patients/staff? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I acknowledge the radio/Barix instreamer belongs to and remains the property of Radio Eye, and is to be returned when we no longer need or want the service.**
* **Radio Eye is a non-profit service that depends on donations to operate. A $25 one-time user fee is requested to help Radio Eye defray operational costs.**
* **Please note that the inability to pay will not affect eligibility or service.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Privacy Statement**

**Personal and private information collected in this application form is not shared with other organizations. Statistics only are used for grant writing and other statistical purposes.**

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**FOR OFFICE USE:**

## Check# \_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_ Delivery Date:\_\_\_\_\_\_\_\_\_\_\_\_ TV Channel: \_\_\_\_\_\_\_\_\_

**Serial #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR DEMOGRAPHIC PURPOSES – Answering these questions are not required, but answering them can help us gain funding to keep the service going.**

**Please list the percentage of potential listeners at your facility in each category.**

**SEX:**

MALE \_\_\_\_\_\_\_\_ FEMALE \_\_\_\_\_\_\_\_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RACE:**

WHITE \_\_\_\_\_\_\_\_\_\_\_\_\_ AFRICAN AMERICAN\_\_\_\_\_\_\_\_\_\_\_

ASIAN \_\_\_\_\_\_\_\_\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNIC CATEGORY:**

HISPANIC OR LATINO \_\_\_\_\_\_\_\_\_ NOT HISPANIC OR LATINO \_\_\_\_\_\_\_\_\_\_\_\_\_\_