

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.

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 _____