



LISTENER INTEREST FORM

Today's Date: \_\_\_\_\_

Name (First) \_\_\_\_\_ (Last): \_\_\_\_\_

Community: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP \_\_\_\_\_ County: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

ELIGIBILITY REQUIREMENT Broadcasts are intended solely for people who have vision loss (blind/visually impaired) or have other limitations which prevent reading standard size print information (print disabled).

Vision Loss \_\_\_\_\_ Other barrier to reading (Specify): \_\_\_\_\_

DEMOGRAPHIC INFORMATION (Funding agencies ask for data on who we serve. AINC provides summaries of these anonymous data only to authorized funders.)

Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Date of Birth: \_\_\_\_\_

With which ethnic group do you most identify? (Circle all that apply)

- American Indian or Alaskan Native Asian
Native Hawaiian or other Pacific Islander Black/African American
Caucasian/White Hispanic

Preferred Listening Language: \_\_\_Spanish \_\_\_English \_\_\_Both

Household: Live alone \_\_\_\_\_ Live with family and/or friend(s) \_\_\_\_\_

Other (describe): \_\_\_\_\_

Please check: Female Headed Household \_\_\_ U.S. Service Veteran \_\_\_

INCOME: What is your monthly household income range? (Circle)

- Live Alone: \$1,041 or less \$1,042 to 1,301 \$1,302 to 1,561 \$1,562 to 1,926 \$1,927 or more
Live w/ 1+: \$1,409 or less \$1410 to 1762 \$1,763 to 2,114 \$2,115 to 2,607 \$2,608 or more

**How did you hear about the Audio Information Network of Colorado?**

|   |   |
|---|---|
| <b>ACCESS METHOD: Do you have internet access at home? __Yes __No</b>   |   |
| If Yes, your access options are:  | If No, your access options are:   |
| <ul style="list-style-type: none"> <li>• AINC Amazon Echo smart speaker (and/or AINC tablet)</li> </ul>   | <ul style="list-style-type: none"> <li>• AINC pre-tuned digital receiver</li> </ul>       |
| <ul style="list-style-type: none"> <li>• AINC WIFI radio for audio broadcast</li> </ul>   | <ul style="list-style-type: none"> <li>• AINC large button speakerphone</li> </ul>        |
| <ul style="list-style-type: none"> <li>• Internet through your personal computer, smart phone or smart speaker AINC WIFI radio for audio broadcast</li> </ul> | <ul style="list-style-type: none"> <li>• Call in using your personal telephone</li> </ul> |

**PROGRAM SCHEDULE FORMAT: (CIRCLE ONE)**

**LARGE PRINT       BRAILLE       AUDIO CD or flash drive       ONLINE AT WEBSITE**

**AINC’s Privacy Policy, Contribution Policy and Grievance Policy are available on our website ([www.aincolorado.org](http://www.aincolorado.org)).**

**Would you like a copy of these policies to be mailed to you? \_\_Yes \_\_No**

**Signature of Applicant: \_\_\_\_\_**

**Agency Representative/Caregiver completing form: \_\_\_\_\_**

**Agency: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_**

To be completed by AINC staff only:

#1 Equipment Type: \_\_\_\_\_ #1 Serial #: \_\_\_\_\_ #1 Setup Date: \_\_\_\_\_

#2 Equipment Type: \_\_\_\_\_ #2 Serial #: \_\_\_\_\_ #2 Setup Date: \_\_\_\_\_

#3 Equipment Type: \_\_\_\_\_ #3 Serial #: \_\_\_\_\_ #3 Setup Date: \_\_\_\_\_

Email associated with Equipment: \_\_\_\_\_ Password: \_\_\_\_\_

IOD ID #/ Podcast ID# \_\_\_\_\_ IOD Sec #/ Podcast Sec # \_\_\_\_\_

**Audio Information Network of Colorado**

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