Audio Information NETWORK of Colorado

Today's Date: _____

First Name _____ Last Name _____

Community _____

Address _____ City _____

Zip Code _____ County _____

H Phone _____ M Phone _____

Prim Email _____ O Phone _____

Eligibility: Vision Loss ____ Other Barrier (Specify) _____

Gender (M/F/Non-Binary) _____ Date of Birth: _____

Race/Ethnicity _____

Preferred Language _____ Household Size (#) _____

Female Head Hsehld (Y/N) _____ Veteran (Y/N) _____

Hsehold Income (#) _____ Has Internet (Y/N) _____

Referral Source: _____

Alternate Contact

Name: _____

Phone: _____

Email: _____

Gen Policy Consent _____

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

See reverse side.

Audio Information NETWORK of Colorado

Fecha de hoy: _____

Nombre _____ Apellido _____

Comunidad _____

Dirección _____ Ciudad _____

Código _____ Condado _____

Teléfono _____ Móvil _____

Correo Electrónico _____ Oficina _____

Elegibilidad: Perdida de la vista ___ Otro impedimento (especifique)_____

Género (M/F/No binario) _____ Fecha de nacimiento: _____

Raza/Etnia _____

Idioma preferido _____ # personas en casa _____

Cabeza de hogar mujer (S/N) _____ Veterano (S/N) _____

Ingreso familiar (#) _____ ¿Tiene Internet? (Si/No) _____

Fuente de referencia: _____

Contacto alternativo

Nombre: _____

Teléfono: _____

Correo electrónico: _____

Consentimiento de políticas_____

Notas:

Para ser llenado solo por el personal de AINC:

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

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Listener notified: Privacy Policy___ Contribution Policy ___ Grievance Policy ___ Echo Consent signed ___

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See reverse side.