

# IRIS APPLICATION



Applicant's Full Name: \_\_\_\_\_

If you are an organization applying on behalf of the applicant listed above, please provide the organization's name: \_\_\_\_\_

If you are a facility requesting IRIS services for a group, please enter the organization's name: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Birthday (MM/DD/YYYY): \_\_\_\_\_ Race: \_\_\_\_\_

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

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

How did you learn about IRIS?

Recommended by a friend or colleague

Online search engine

Heard on 90.1 FM public radio

Other, please specify:

\_\_\_\_\_

Eligibility Requirements:  
(Please check all that apply)

- Legally Blind
- Visual Impairment
- Physical Impairment
- Reading Disability
- Illiteracy

Are you enrolled in the Talking Book program?

Yes **OR** No\*

\* If NO, certifying documentation of disability from a professional provider **must** be included with this application. The provider may not be a relative of the applicant.

Applicant is interested in:

Receiving an online IRIS account **OR** for on-demand listening

Receiving a specially tuned IRIS radio AND an online IRIS account for on-demand listening

If you are requesting a specially tuned IRIS radio, please provide the contact information of one individual who will be responsible for returning the receiver if the applicant cannot do so.

Alternate Contact Name: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

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

Please complete and mail this form to:

WFYI Indianapolis  
IRIS  
1630 N. Meridian St.  
Indianapolis, IN 46202

If the applicant is not part of the Talking Book program, please also include certifying documentation of disability.