

Tri-States Audio Information Services Application
504 University Services Building, 1 University Circle
Western Illinois University, Macomb, IL 61455
Phone: (309) 298-2403 Email: ais@wiu.edu

Applicant Name: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: (_____) _____ **Email:** _____

If service will be provided at a different location than above, please indicate:

Name and address: _____

Contact Person: _____ **Phone:** (_____) _____

Applicant Referred by: _____ **Phone:** (_____) _____

Applicant Age Group: __ Under 50 __ 51-60 __ 61-70 __ 71-80 __ 81+ **Sex:** ___ F ___ M

Check Requested Service(s):

_____ **Radio Information Service** _____ **Web Streaming Service** _____ **Call-RIS**
_____ **Personal Reader Service** – **NOTE: Only available to McDonough County Residents**

Miscellaneous Information:

1. **Do you need information regarding Talking Books?** _____ **Yes** _____ **No**
2. **Do you need information regarding a support group?** _____ **Yes** _____ **No**

To be completed by staff:

Listener ID (4 of last 2 of first): _____

Receiver # _____ **Type:** _____ **Frequency:** _____ **Headphones:** ___ Y ___ N

Program Guide Format: _____ **Large Print** _____ **Cassette** _____ **Braille** _____ **CD**

Applicant contacted by: _____ **Date contacted (M/D/Y)** _____

Placed by: _____ **Date placed (M/D/Y)** _____

Computer entry by: _____ **Date entered (M/D/Y)** _____

Follow up by: _____ **Date of follow up (M/D/Y)** _____

Web Streaming Service (WSS) Applicants:

Applicant given the Password by: _____ **Date contacted (M/D/Y)** _____