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| DATA COLLECTION SHEET FOR A PATRON WHO IS BLIND OR VISUALLY IMPAIREDQuestions on this form are explicitly used to obtain data to be used for the purpose of obtaining grants, requesting donations, developing programs and services, and fundraising. Personal information gathered in this form that specifically identifies an individual is confidential information that will not be disclosed or released to the public. | **Logo says "Central Illinois Center for the Blind and Visually Impaired." White cane with red tip to right of text.** |

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| patron Information |
| Last Name |  | First |  | M.I. |  | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | Zip |  | County |  |
| Phone |  | E-mail Address |  |
| Date of Birthmm/dd/yyyy |  | Emergency Contact: |  | EmergencyContactPhone Number |  |
| Emergency contactRelationship to you |  | In the event of a medical emergency, which hospital do you prefer? |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | Gender | Male [ ]  | Female [ ]  | Age as of today: |  |
| Ethnicity/Race | Caucasian [ ]  | African-American [ ]  | Hispanic/Latino [ ]  | Asian [ ]  | Native American [ ]  |
| Type of blindness or visual impairment:(what was medical diagnosis if known) |  | How long have you been blind or visually impaired? | Since birth [ ]  | At the age of: |
| Is it alright if the Center lists your birthday and/or wedding anniversary in the monthly newsletter? (month/day only) | YES [ ]  NO [ ]  |
| Education/financial/general information |
| Highest level of education | Less than 12 years [ ]  High School [ ]  Associate [ ]  Bachelor [ ]  Master’s [ ]  Doctorate [ ]   | GED [ ]  |  |
| Employment Status | Employed [ ]  Unemployed [ ]  Retired [ ]  | Where employed? |  |
| Job Title |  | AddressOf employer |  |
| Type of income or assistance applicable to you  | Supplemental Security Income [ ]  Social Security Retirement [ ]  Social Security Disability [ ]  Salary [ ]  |
| Do you live with a sighted person? | YES [ ]  NO [ ]  | I have a physical disability that requires the use of a walker or wheelchair | YES [ ]  NO [ ]   |
| How close do you live to a relative? | Within 1-5 miles [ ]  within 6-15 miles [ ]  within 16-30 miles [ ]  over 30 miles away [ ]  |
| How close do you live to the Center? | Within 1-5 miles [ ]  within 6-15 miles [ ]  within 16-30 miles [ ]  over 30 miles away [ ]  |
| Do you use public transportation? | YES [ ]  NO [ ]  | Do you use the Center’s transportation service? | YES [ ]  NO [ ]  |
| I get at least 30 minutes of exercise. | Daily [ ]  4-5 times a week [ ]  2-3 times a week [ ]  Once a week [ ]  Never [ ]  |
| I feel my personal safety is at risk. | Never [ ]  Seldom [ ]  Occasionally [ ]  Often [ ]  Quite frequently [ ]  Always [ ]  |
| If given the opportunity, I would like to learn more about? |  |
| I would like to receive the monthly newsletter in the following format. | Large print [ ]  Braille [ ]  Digital media [ ]  Thumb drive [ ]  Email [ ]  |
| I am a U.S. Veteran | YES [ ]  NO [ ]  |
| The Central Illinois Center for the Blind and Visually Impaired is here to serve you. Please list services, programs, or concerns that are important to you so that the Center can better serve your needs. List programs that you are currently using. |
|  |
| How long have you been coming to the Center, including the time when the Center was previously known as the Peoriarea Blind People’s Center? | \_\_\_ YEARS \_\_\_ MONTHS |
| Food Allergies |  | Medications |  |
| This form was filled out by: |  | Title |  |

When completing this form electronically, please click on “Save As” and save the file under the person’s last name and first initial.

Additional notes:

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Revision 2 – 4/2018