Hadley

Enrollment Application

1. First Name: _____ 2. Middle Initial: _____
3. Last Name: _____
4. Mailing Address: _____
5. City: _____ 6. State or Province: _____
7. Zip Code: _____ 8. Country: _____
9. Gender: ☐ M ☐ F
10. Email: _____
11. Telephone Number(s): _____
12. Date of Birth (mm/dd/yyyy): _____
13. How did you hear about Hadley?

☐ Community Setting (senior center, library, etc.)
☐ Eye Care Professional
☐ Friend/Family Member
☐ Hadley Client or Staff
☐ Online Search
☐ Rehab Agency
☐ School/Teacher
☐ Social Media
☐ Veteran Services
☐ Other (please specify): _____

14. Ethnic Background (Select as many as apply):

☐ African-American ☐ Hispanic/Latino ☐ Native American
☐ Caucasian ☐ Asian/Pacific Islander ☐ Other _____

15. Indicate your highest level of education:

☐ Grade School ☐ Associate/Bachelor's degree
☐ High School/GED ☐ Master's degree or higher

16. Do you read and write English fluently? ☐ Yes ☐ No

17. Do you have a Digital Talking Book (DTB) player? ☐ Yes ☐ No

18. Areas of interest: ☐ Independent Living ☐ Recreation
☐ Technology ☐ Business ☐ Braille

19. In order to provide materials to you free of charge, we need to document to funders that we are specifically serving those with visual impairment. The following questions are to fulfill our responsibility in this regard:

i. What is your eye condition (select as many as apply):

☐ Albinism
☐ Cataracts
☐ Cortical Visual Impairment
☐ Diabetic Retinopathy
☐ Glaucoma
☐ Macular Degeneration
☐ Optic Nerve Atrophy
☐ Retinoblastoma
☐ Retinal Detachment
☐ Retinitis Pigmentosa
☐ Retinopathy of Prematurity
☐ Stargardt Disease
☐ Other (please specify): _____

ii. Does vision loss significantly affect your daily living?
☐ Yes ☐ No

iii. Vision in each eye (if known):
Right: _____ Left: _____

iv. What was your age at the onset of your visual impairment?
☐ 0-20 Years ☐ 21-54 Years ☐ 55+

20. Are you hearing impaired? ☐ Yes ☐ No
If yes, indicate degree of loss: ☐ Mild ☐ Moderate ☐ Profound
Can we contact you by telephone? ☐ Yes ☐ No

21. Do you have a disability in addition to vision loss?
☐ Yes ☐ No If yes, please indicate: _____

Your signature below indicates your agreement to the following:

A) Your willingness to connect Hadley with an eye care or other professional who could document your eye condition should we require further information. **B)** Your commitment to respect the copyright of Hadley materials and understand they are not for resale.

Signature: _____ **Date**: _____