### Radio Eye 2021 Facility Survey

**Name of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Contact:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many beds/rooms are licensed for this facility?\_\_\_\_\_\_\_\_\_**

**Are you interested in having our Outreach Committee come speak about our service to your patients, residents, or staff? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR DEMOGRAPHIC PURPOSES – Answering these questions are not required, but answering them can help us gain funding to keep the service going.**

**Please list the number of listeners at your facility in each category.**

**SEX:**

MALE \_\_\_\_\_\_\_\_ FEMALE \_\_\_\_\_\_\_\_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RACE:**

WHITE \_\_\_\_\_\_\_\_\_\_\_\_\_ AFRICAN AMERICAN\_\_\_\_\_\_\_\_\_\_\_

ASIAN \_\_\_\_\_\_\_\_\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNIC CATEGORY:**

HISPANIC OR LATINO \_\_\_\_\_\_\_\_\_ NOT HISPANIC OR LATINO \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VETERAN STATUS:**

VETERAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOT A VETERAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  **Our organization no longer uses your service. Please take us off this list.**

Please return to: Radio Eye, 1733 Russell Cave Road, Lexington, KY 40505

For questions, call 859-422-6390 or 800-283-5193 ext. 0 or email info@radioeye.org