

**BLIND INDUSTRIES and SERVICES of MARYLAND**

**REGISTRATION – “POSSIBILITIES FAIR”**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**LUNCH PREFERENCE:**

[ ] Tuna Salad

[ ] Chicken Salad

[ ] Turkey

[ ] Vegetarian

**Age:**

55-59 95-99

60-64 100 & over

65-69

70-74

75-79

80-84

85-89

90-94

**Gender:**  Male  Female

**Race/Ethnicity:**

Hispanic/Latino

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Two or more races (not Hispanic/Latino)

Unknown (only if consumer refuses to identify)

**Degree of Visual Impairment:**

Totally Blind (LP or NLP)

Legally Blind (excluding totally blind)

Severe Visual Impairment

**Major Cause of Visual Impairment:**

Macular Degeneration

Diabetic Retinopathy

Glaucoma

Cataracts

Other

**Other Age-Related Impairments:**

Hearing Impairment

Diabetes

1. Cardiovascular Disease and Stroke
2. Cancer

Bone, Muscle, Skin, Joint, and Movement Disorders

Alzheimer’s Disease/Cognitive Impairment

Depression/Mood Disorder

Other Major Geriatric Concerns

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**PAYMENT ENCLOSED:**

[ ] $20 Possibilities Fair payment, **OR**

[ ] $50 Possibilities Fair payment **PLUS**

“Friends Sponsor” Donation of $30

(Your name will appear in the program under

“Friends of the Possibilities Fair”)

Make checks payable to: **BISM**

Mail to: Blind Industries and Services of Maryland

Attention: Andy McIver

3345 Washington Boulevard

Baltimore, MD 21227

For questions call or email:

Andy McIver, [amciver@bism.org](mailto:amciver@bism.org), 410-737-2648

Stephen Polacek, [spolacek@bism.org](mailto:spolacek@bism.org), 410-737-2653

Shirley Riffle, [sriffle@bism.org](mailto:sriffle@bism.org), 410-737-2645

**Type of Living Arrangement:**

Lives Alone

Live with Others (family, spouse, caretaker, etc.)

**Type of Residence:**

Private Residence (house or apartment)

Senior Living/Retirement Community

Assisted Living Facility

Nursing Home/Long Term Care Facility

**Source of Referral:**

Eye Care Provider (ophthalmologist, optometrist)

Physician/Medical Provider

State VR Agency

Government or Social Service Agency

Senior Program

Faith-Based Organization

Independent Living Center

Family Member or Friend

Self-Referral

Veterans Administration

Other

[ ] I am interested in BISM Senior Services