 **BLIND INDUSTRIES and SERVICES of MARYLAND**

 **REGISTRATION – “POSSIBILITIES FAIR”**

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

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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, 410-737-2648

 Stephen Polacek, spolacek@bism.org, 410-737-2653

 Shirley Riffle, 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