**HKNC National Registry of Persons Who Are DeafBlind - Short Form/Update**

**Please return this form to your HKNC Regional Representative**: \_**NATASHA AYMAMI\_\_\_\_\_\_**

 **Helen Keller National Center**

**OR**

**You may also complete this form on our website:** [**https://www.helenkeller.org/hknc/national-registry**](https://www.helenkeller.org/hknc/national-registry)

The purpose of the Registry is to provide basic information about persons who are DeafBlind in the United States. This information is to be used as a census of persons who are DeafBlind, as a planning tool and for research purposes. All identifying information is confidential. Written consent from the individual or guardian is required before a person becomes registered by the Helen Keller National Center.

**\*REQUIRED**

INFORMATION ABOUT INDIVIDUAL WHO IS DEAFBLIND

Today’s date:

New Updated

**\*Last Name:**

**\*First Name:**

Maiden Name:

Middle Name:

**\*Mailing Address:**

**\*Zip:**

**\*State:**

County/Parish:

**\*City:**

Phone: Voice Text VP ( )

 ( )

E-mail:

Male Female

**\*Date of birth:**

Employed? Y/N If yes, job title:

**\*Identify your vision condition:**

**\*Identify your hearing condition:**

Syndrome/other conditions:

**\*I am interested in having my HKNC Regional Representative contact me about local and HKNC services: Yes No**

**\*Date: / /**

**\*Printed Name:**

**\*Signature:**

**\*By signing, I allow HKNC to use the information in this form for statistics on DeafBlind individuals**

Agency:

**\*Last Name:**

**\*First Name:**

Zip:

**\*This form was completed by the person described above: Yes No \*If no, relationship to individual:**

City:

**\*I have obtained permission to submit this information on behalf of the individual: Yes No**

Voice VP

State/Terr:

County:

E-mail:

Telephone #: ( )

Mailing Address:

I want to subscribe to the free, quarterly *CONNECT*! email Newsletter: Yes No