

DBVI Application

Referral Date: _____

Referral Source: _____

Name: _____

Social Security # _____

Mailing Address: _____

Residential Address: _____

Telephone number(s): Home _____ cell _____ work _____

Email: _____

Date of Birth: _____

Gender: _____

Race/Ethnic Origin:

Caucasian / White _____

African / Black _____

Asian _____

Native American _____

Pacific Islander _____

Hispanic _____

Highest Grade/Degree completed: _____

Present Living Arrangement: _____

Current work status:

Employed _____ Unemployed _____ H.S. student _____ College student _____ Volunteer, Trainee,
Intern _____ Self-employed _____ Supported employment _____ Homemaker _____ Unpaid Family
Worker _____ Blind Enterprise Program _____

Job Title:

Weekly wages:

#hours/week:

Student Status:

Not HS student _____

Student on 504 plan _____

Student on IEP _____

Student _____

Current Benefits:

Supplemental Security Income (SSI) \$ _____

Social Security Disability Insurance (SSDI) \$ _____

Aid to Families (TANF/Reach Up) \$ _____

General Assistance \$ _____

Veterans Disability Benefits \$ _____

Workers Compensation \$ _____

Other Public Assistance \$ _____

Services/Funding Supports: _____

Health Insurance:

Medicaid _____

Medicare _____

Private through employment _____

Private through employment but in waiting period _____

Private, other _____

Public Insurance, other _____

Primary source of support:

Personal income/Savings _____

Family & Friends _____

Public Benefits (SSI, SSDI, Reach Up) _____

Public no cash assistance (Corrections, Foster care) _____

Other (Private disability, Charity) _____

Are you a Veteran? Y____ N____

What is your visual problem? _____

Are you willing to be contacted for comments on our services? Y____ N____

Your signature indicates that you wish to apply for services and that you understand your rights, the appeals process and the availability of the Client Assistance Program.

Signature_____ **Date** _____

Parent / Guardian _____ **Date** _____