



GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

Department of Human Services

"Working Together to Make A Difference"

DISABILITIES & REHABILITATION SERVICES

INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND

Application for Services

CLIENT INFORMATION:

NAME _____ DATE OF APPLICATION _____

SOCIAL SECURITY _____ GENDER ____ (M) ____ (F)

ETHNICITY _____ (Black/African) _____ (Hispanic/Latino) _____ (Caucasian) _____ (Other)

DATE OF BIRTH _____ PLACE OF BIRTH _____

CITIZENSHIP STATUS _____ IF NOT A U.S. CITIZEN, ALIEN

REGISTRATION # _____

PHYSICAL ADDRESS

MAILING ADDRESS

TELEPHONE NUMBER

HOME _____ WORK _____ CELL _____

ARE YOU EMPLOYED: [] YES [] NO

TYPE OF

EMPLOYMENT _____

- Do you need visual aides to complete your job duties? [] YES [] NO
- Do you need reader services to complete your job duties? [] YES [] NO

PERSON TO CONTACT IN AN EMERGENCY

NAME

TELEPHONE NUMBER

REFERRAL SOURCE

NAME

AGENCY OR RELATIONSHIP

I. DO YOU ATTEND A SENIOR CITIZEN CENTER? YES [] NO []
IF YES, CENTER'S NAME AND ADDRESS

II. DO YOU LIVE INDEPENDENTLY? YES [] NO []
[] OWN HOME
[] WITH RELATIVES
[] IN A SENIOR CITIZEN HOME/HOUSING COMMUNITY - GIVE NAME AND ADDRESS

III. HIGHEST LEVEL OF EDUCATION COMPLETED

- [] NO FORMAL SCHOOLING
[] ELEMENTARY EDUCATION (GRADES 1-8)
[] SECONDARY ED., NO HIGH SCHOOL DIPLOMA (GRADES 9-12)
[] POST SECONDARY ED (LESS THAN BACHELOR'S DEGREE)
[] MASTER'S DEGREE OR HIGHER

IV. VISUAL IMPAIRMENT/DISABILITY

- [] TOTALLY BLIND
[] LEGALLY BLIND
[] SEVERE VISUAL IMPAIRMENT

V. MAJOR CAUSE OF VISUAL IMPAIRMENT

- [] MACULAR DENGENERATION [] GLAUCOMA
[] DIABETIC RETINOPATHY [] CATARACT [] OTHER
[] RESPIRATORY OR LUNG CONDITIONS [] OTHER

VI. DO YOU USE VISUAL AIDS? YES [] NO []
IF YES, PLEASE LIST THE VISUAL AID USED

CAN YOU BENEFIT FROM ANY OF THISE LISTED BELOW?

- [] EYE GLASSESS [] TALKING CALCULATOR [] TALKING WATCH
[] LARGE NUMBER WATCH [] JUMBO BUTTON PHONE [] CCTV
[] VOICE ACTIVATED RECORDER [] HAND HELD MAGNIFIER
[] LARGE SCREEN CALCULATOR [] LCD DIGITAL CLOCK
[] CANE/WALKING STICK [] LARGE PRINT DICTIONARY
[] OTHER SPECIAL NEEDS THAT YOU MAY HAVE

VII. NON-VISUAL IMPAIRMENTS/CONDITIONS

- [] HEARING IMPAIRMENT [] MENTAL IMPAIRMENT
[] CANCER [] DIABETES MELLITUS
[] CARDIAC AND OTHER CONDITIONS OF THE CIRCULATORY SYSTEM
[] END STAGE RENAL DISEASE AND GENITOURINARY SYSTEM DISORDER
[] MUSCULOSKELETAL (ARTHRITIS, RHEUMATISM, AMPUTATIONS,
FRACTURES/INJURIES WHICH RESULTED IN PERMANENT LOSS/IMPAIRMENT OF LIMB
FUNCTION)
[] RESPIRATORY OR LUNG CONDITIONS [] OTHER

Applicant Signature

Date