

**Center for the Visually Impaired, Inc.**  
**Application for Services**



*1187 Dunn Avenue, Daytona Beach, FL 32114*  
*Phone: 386-253-8879 \*\*Toll-free: 800-227-1284\*\* Fax: 386-253-9178*

**Personal Information**                      **Today's Date:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
**Middle Initial:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_  
**Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Name of Apartment, Condo or Assisted Living Complex (if applicable):** \_\_\_\_\_  
**Telephone number (of complex) :(\_\_\_\_) \_\_\_\_\_**  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Primary Phone: (\_\_\_\_) \_\_\_\_\_**  **Voice**  **TDD**  
**Secondary Phone: (\_\_\_\_) \_\_\_\_\_**  **Voice**  **TDD**  
**E-Mail Address:** \_\_\_\_\_  
**Directions to Home:** \_\_\_\_\_

**Emergency Contact:**  
**Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Characteristics, Race/Ethnic Checkbox list:**

- American Indian or Alaskan Native**
- Asian**                       **Black or African American**
- Hispanic or Latino**     **Caucasian or White**
- Native Hawaiian or Other Pacific Islander**
- Not Available**

**English Speaking Ability:** \_\_\_\_\_  
**English Reading Ability:** \_\_\_\_\_  
**Primary Language:** \_\_\_\_\_

**Preferred Correspondence Format:**  Audio Tape  Braille  
 Electronic Media  Large Print  Regular Print

**Living Arrangement (private residence, assisted living, etc.):**  
\_\_\_\_\_

**Resides With (spouse, friend, alone, etc.):** \_\_\_\_\_

**Voter Registration (yes or no):** \_\_\_\_\_

**County Served In:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Veteran (yes or no):** \_\_\_\_\_

**Medical Insurance Information:**

- Medicaid
- Medicare
- Private Insurance through other means
- Private Insurance through own employment
- Veterans Assistance
- Other: \_\_\_\_\_
- None

**Level of Education:** \_\_\_\_\_

**Describe Training Needs:**

- Independent Living (skills for daily living)
- Orientation and Mobility (do you plan to travel independently outside of your home? yes\_\_ no\_\_ )
- Computer (do you own a computer? yes\_\_ no\_\_)
- iPhone/iPad (do you own an iPhone or iPad? yes\_\_ no\_\_)
- Braille

**Disability Documentation:**

**Visual Impairment Due To (macular degeneration, glaucoma, etc.):**  
\_\_\_\_\_

**Are there any additional medical conditions? Please explain:**  
\_\_\_\_\_

**Eye Physician:** \_\_\_\_\_

**Phone number:** (\_\_\_\_) \_\_\_\_\_

**Date last seen:** \_\_\_\_\_

**Referral Source: (Check one)**

Eye Doctor  Friend/Relative  DBS  CVI Presentation

Other: \_\_\_\_\_

**Are you signed up with:**

**VoTran Gold?**  Yes  No

**FCPT?**  Yes  No

**SCAT?**  Yes  No

**Do you use any of the following mobility aids?**

Cane  Walker  Service animal  Wheelchair

**Special Needs: Personal Assistant (do you need assistance with personal needs, i.e. restroom)? Explain:** \_\_\_\_\_

**PLEASE REVIEW THE ENCLOSED VISION TEST PAGE**

**Review the vision test card wearing your eye glasses, but without any additional magnification.**

**Circle the row with the smallest type that you can easily read. Return the entire form with your application in the postage-paid envelope enclosed.**

Center for the Visually Impaired Low Vision Test Page  
Read the letters below with your correction but with no magnification. The magnification needed to read 1M print is to the right of each line (i.e.; 10X).

**Reading** (10M) 10X/40D

**Requires** (8M) 8X/32D

**Adequate** (6M) 6X/24D

**Lighting and** (5M) 5X/20D

**Magnification.** (4M) 4X/16D

**A magnifier should** (3M) 3X/12D

**Allow you to read your mail.** (2M) 2X/8D

**This print is similar to small headlines.** (1.5M) 1.5X/6D

**Congratulations! You are now reading small print.** (1M)

Center for the Visually Impaired, Inc.  
Assessment for Mobility and Ability to  
Use CVI Transportation

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

1. How do you currently travel to appointments or to other activities, such as grocery shopping?  
\_\_\_\_\_

2. Please check the appropriate mobility aid(s) or equipment listed below that you use to assist you when you travel:

- Cane                       Walker       Service Animal       Wheelchair  
 Power Scooter       Oxygen                       Other

Explain: \_\_\_\_\_

3. Would you require assistance to walk down three steps on the CVI bus, as well as entering and climbing three steps into the CVI bus?

- Yes       No

If yes, explain: \_\_\_\_\_

4. Do you require the assistance of a Personal Care Attendant or escort? (Someone who must assist you with daily functions)?

- Yes       No

If yes, explain: \_\_\_\_\_

5. How far can you walk unassisted?  
\_\_\_\_\_

6. How long can you stand unassisted?  
\_\_\_\_\_

Please note: The responsibility of CVI staff is to provide transportation and training to our clients. It is your responsibility:

1. To transfer safely and independently on and off of the CVI bus.
2. To inform CVI staff of any medical conditions as stated on the application for services.

\_\_\_\_\_  
Signature of CVI Staff Member

\_\_\_\_\_  
Signature of Client



Main Office:  
1187 Dunn Avenue  
Daytona Beach, FL 32114  
Phone (386) 253-8879  
Fax (386) 253-9178

## ***Vision Consent for Release of Information***

ATTENTION:

FROM:

Dale Parks, Client Services at CVI

EYE DOCTOR'S NAME:

DATE:

EYE DOCTOR'S PHONE NUMBER:

PATIENT'S NAME:

EYE DOCTOR'S FAX NUMBER:

PATIENT'S DATE OF BIRTH:

I give the Center for the Visually Impaired and the Florida State Division of Blind Services permission to request information relevant to my rehabilitation program. This information will not be released to another individual or agency without my written consent as permitted by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PHYSICIAN**

### **PLEASE USE THE INCLUDED FORM**

**CONFIDENTIALITY NOTICE:** The information and all attachments contained in this electronic communication are privileged and confidential information, and intended only for the use of the intended recipients. If the reader of this message is not an intended recipient, you are hereby notified that any review, use, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately of the error by return e-mail and please permanently remove any copies of this message from your system and do not retain any copies, whether in electronic or physical form or otherwise. Thank you.