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| **DIVISION OF BLIND SERVICES**  **REFERRAL AND APPLICATION FOR SERVICES**  **Updated and revised 10/09** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **DBS Use: VR - IL - CP\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Received:**    **(Date Stamp)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Last Name** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **First** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | **MI** | | | |  | |  |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |
| Social Security Number | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Florida Department of Education Division of Blind Services  Social Security Number Collection Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| In compliance with Section 119.071(5), Florida Statutes, this statement serves to notify you of the purpose for the collection and usage of your social security number by the Florida Department of Education, Division of Blind Services (“Division”).    Collection of social security numbers is imperative for the performance of the Division’s duty to maximize employment opportunities for individuals who are blind; to aid such individuals in finding employment; and to increase their independence and self-sufficiency. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Date of Birth | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Home Phone #** | | | | | | | |  | | | | | | | | | | | | | | | Cell Phone # | | | | | | | | | |  | | | | | | | | | | | | | | | | Other Phone # | | | | | | | | | | | |  | | | | |  |
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| **Street Address or PO Box** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **If applicable list apartment # and name or Lot number and name of park** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
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| **Directions to your home** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Email address** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **City** | | | |  | | | | | | | | | | | | | | | | | | | | | **County** | | | | | |  | | | | | | | | | | | | | | | | | | | | | **Zip** | | | | |  | | | | | | | | |  |
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| **Race** | | | |  | | | | | | | | | | | | | | | | | **Registered Voter Yes** | | | | | | | | | | | | | | | | | |  | | **No** | | |  | | | **Primary Language** | | | | | | | | | | | | | | | |  | | |  |
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| **Sex** | | |  | | | | | **Marital Status** | | | | | | | | | | |  | | | | | | | | | **Highest Level of Education** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| **Last school attended and date** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Are you a Veteran Yes** | | | | | | | | | | | | |  | | | **No** | | | |  | | | | **Referred by** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Emergency Contact not living with you (Name, Address, & Relationship)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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| **US Citizen Yes** | | | | | | | |  | | **No** | | | |  | | | **(If no list status)** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Are you employed?** | | | | | | | | | | |  | | | | | | | | | | | | | | | **If yes, full-time or part-time** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| **If yes, what is your position title?** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Eye Condition** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Eye Physician** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Date Last Seen** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Have you ever received services from this Agency?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | **Yes** | | | | | | | | | | |  | | | | | | | | **No** | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | |  |
| **If yes, when?** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **I understand that I am applying for services from the Division of Blind Services and that all eligibility is determined without regard to race, color, religion, sex, national origin, age marital status, or handicap.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Signature** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | |  | | | | | | | | | | | | | | | |  |
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| **Parent or Guardian Signature** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | |  | | | | | | | | | | | | | | | |  |
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| **I would like information in:** | | | | | | | | | | | | | | | |  | | | | | **regular print** | | | | | | | | |  | | | | | | | | **large print** | | | | | | |  | | | | | | | **on tape** | | | | | | |  | | | | | | **Braille** |  |
|  | | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  |  |
| **I am interested in the following service(s):** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | **Independent Living Training** | | | | | | | | | | | | | | | | | | |  | |  | | | **Counseling** | | | | | | | | | |  | |  | | **Job Training** | | | | | | | | | | |  | | | |  | | | **Eye Medical Services** | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | | | | | | | |  | |  | | |  | | | | | | | | | | | |  | | |  | |  | | | | | | | |  |
|  | | | **Job Placement** | | | | | | | | |  | | |  | | | | | | | **Talking Books** | | | | | | | | | | | |  | | | |  | | | | **Assistance to Maintain Job** | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | **Other** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Local Blind Service Office Addresses Located on Back** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

**DIVISION OF BLIND SERVICES DISTRICT OFFICES**

**Division of Blind Services**

**14 W. Jordan Street**

**Suite 1M**

**Pensacola, FL 32501**

**850-595-5282**

**Division of Blind Services**

**(Satellite office of Pensacola)**

**234 Forest Park Circle**

**Panama City, FL 32405**

**Tel: 850/872-4181**

**Division of Blind Services**

**1320 Executive Center Drive**

**Atkins Bldg. 201**

**Tallahassee, FL 32399**

**Tel: 850/245-0307 or 1-800-672-7038**

**Division of Blind Services**

**1809 Art Museum Drive, Suite 201**

**Jacksonville, FL 32207**

**Tel: 904/348-2730 or 1-800-226-6356**

**Division of Blind Services**

**417 S.W. 8th Street**

**Gainesville, FL 32601**

**Tel: 352/955-2075 OR 1-800-443-0908**

**Division of Blind Services**

**1185 Dunn Avenue**

**Daytona Beach, FL 32114**

**Tel: 386/254-3800 or 1-800-329-3801**

**Division of Blind Services**

**400 W. Robinson Street, Suite 102**

**Orlando, FL 32801-1784**

**Tel: 407/245-0700**

**Division of Blind Services**

**415 S. Armenia Avenue**

**Tampa, FL 33609-3313**

**Tel: 813/871-7190 or 1-800-757-7190**

**Division of Blind Services**

**(Satellite office of Tampa)**

**402 S. Kentucky Avenue, Room 310**

**Lakeland, FL 33801**

**Tel: 863/499-2385**

**Division of Blind Services**

**(Satellite office of Tampa)**

**3637 4th Street North, Suite 310**

**St. Petersburg, FL 33704**

**Tel: 727/893-2341 or 1-800-909-9632**

**Division of Blind Services**

**(Satellite office of Ft. Myers)**

**5117 26th Street West, Suite A**

**Bradenton, FL 34207**

**Tel: 941/751-7670 or 1-800-500-6412**

**Division of Blind Services**

**2830 Winkler Avenue**

**P.O. Box 7348**

**Ft. Myers, FL 33911-7348**

**Tel: 239/278-7130 or 1-800-219-0180**

**Division of Blind Services**

**2000 Palm Beach Lakes Blvd., Suite 300**

**West Palm Beach, FL 33401**

**Tel: 561/681-2548 or 1-866-225-0794**

**Division of Blind Services**

**2200 W. Commercial Blvd., Suite 101**

**Ft. Lauderdale, FL 33309**

**Tel: 954/497-3360**

**Division of Blind Services**

**401 N.W. 2nd Avenue, Room S-712**

**Miami, FL 33128**

**Tel: 305/377-5339 or 1-888-529-1830**