

FLORIDA DIVISION OF BLIND SERVICES
APPLICATION FOR SERVICES
Updated and revised February 2016

Florida Department of Education Division of Blind Services
Social Security Number Collection Policy

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”).

You will be asked to provide your social security number (SSN) on this application. Social security numbers are collected as part of the process of helping blind or visually impaired individuals gain meaningful employment and thereby increase their independence and self-sufficiency. If you choose not to provide your SSN on this form, the Division will contact you for your SSN and any additional information that may be needed to complete the application process.

I am interested in the following Program(s):

- | | |
|--|---|
| <input type="checkbox"/> Blind Babies Program (birth to 5) | <input type="checkbox"/> Children’s Program (age 6 to 13) |
| <input type="checkbox"/> Independent Living (age 18 over) | <input type="checkbox"/> Transition Services (age 14 to 21) |
| <input type="checkbox"/> Vocational Rehabilitation (Employment Related Services) | |
| <input type="checkbox"/> Other | |

I am interested in the following Specific Services (optional):

- | | |
|--|---|
| <input type="checkbox"/> Orientation and Mobility | <input type="checkbox"/> Braille Instruction and Communication Services |
| <input type="checkbox"/> Assistive Technology Services | <input type="checkbox"/> Home and Personal Management Services |
| <input type="checkbox"/> Student Readiness Services | <input type="checkbox"/> Employment Services |
| <input type="checkbox"/> Supported Employment Services | <input type="checkbox"/> Self-Employment Services |
| <input type="checkbox"/> Business Enterprise Services | <input type="checkbox"/> I Am Not Sure |

Personal Information		
Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	
Address:		
County:		
Directions to Home:		
Home Phone:	Cell Phone:	Work Phone:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:	Language:
Registered Voter: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Not Available		

Highest Level of Education:		School Last Attended and Date:	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Time: <input type="checkbox"/> Full <input type="checkbox"/> Part	Title:	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, List Status:		

Medical Information

Eye Condition:	Visual Impairment in Both Eyes <input type="checkbox"/> Yes <input type="checkbox"/> No
Eye Physician:	Date Last Seen:
Secondary Disabilities:	

Services Information

Have you received services from this agency: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:
I would like information in: <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print <input type="checkbox"/> E-mail or CD <input type="checkbox"/> Braille
Additional Comments:

Disclosure and Signature:

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.

Signature:

Date:

Parent or Guardian Signature Information (if applicable):

Signature:

Date:

First Name:

Last Name:

Phone Number:

Relationship:

<p>Division of Blind Services 600 University Office Blvd, Suite 4 Pensacola, FL 32504 Tel: (850) 484-5122</p>	<p>Division of Blind Services 415 S. Armenia Avenue Tampa, FL 33609-3313 Tel: (813) 871-7190 or (800) 757-7190</p>
<p>Division of Blind Services 2505 West 15th St. Suite B Panama City, FL 32401 Tel: (850) 872-4181</p>	<p>Division of Blind Services 402 S. Kentucky Avenue, Room 340 Lakeland, FL 33801 Tel: (863) 499-2385</p>
<p>Division of Blind Services 1311 Executive Center Drive Ellis Building, Suite 100 – D Tallahassee, FL 32399 Tel: (850) 245-0370 or (800) 672-7038</p>	<p>Division of Blind Services 5256 Summerlin Commons Way, Suite 201 Ft. Myers, FL 33907 Tel: (239) 278-7130 or (800) 219-0180</p>
<p>Division of Blind Services 1809 Art Museum Drive, Suite 201 Jacksonville, FL 32207 Tel: (904) 348-2730 or (800) 226-6356</p>	<p>Division of Blind Services 600 8th Avenue West, Suite 302 Palmetto, FL 34221 Tel: (941) 721-2917 or (800) 500-6412</p>
<p>Division of Blind Services 3620 NW 43rd Street Suite C Gainesville, FL 32606 Tel: (352) 955-2075 or (800) 443-0908</p>	<p>Division of Blind Services 400 N Congress Avenue, Suite 305 West Palm Beach, FL 33401 Tel: (561) 681-2548 or (866) 225-0794</p>
<p>Division of Blind Services 1185 Dunn Avenue Daytona Beach, FL 32114 Tel: (386) 254-3800 or (800) 329-3801</p>	<p>Division of Blind Services 7771 West Oakland Park Blvd. Suite # 185 Sunrise, FL 33351 Tel: (954) 746-1770</p>
<p>Division of Blind Services 1970 Michigan Avenue Bldg. A-2 Cocoa, FL 32922 Tel: (321) 634-3680 or (877) 506-2729</p>	<p>Division of Blind Services 401 N.W. 2nd Avenue, Room S-712 Miami, FL 33128 Tel: (305) 377-5339 or (888) 529-1830</p>
<p>Division of Blind Services 400 W. Robinson Street, Suite S-1026 Orlando, FL 32801-1784 Tel: (407) 245-0700</p>	