



STATE OF MAINE – DEPARTMENT OF LABOR
BUREAU OF REHABILITATION SERVICES
DIVISION FOR THE BLIND AND VISUALLY IMPAIRED
150 State House Station, Augusta, ME 04333-0150

Governor - Janet T Mills

Commissioner - Laura Fortman

Application for Blind Independent Living Services

This application is for Individuals who have a visual impairment or blindness and are not seeking employment. All fields are required.

PERSONAL INFORMATION

Social Security Number (SSN):

Full Name:

What is your gender? Please mark below:

- Female
- Male
- Prefer not to say/Do not want to identify

Date of Birth (DOB):

Street Address/PO Box:

City/Town, State, Zip Code:

Mailing Street Address/PO Box (if different):

Mailing City/Town, State, Zip Code (if different):

Primary Telephone Number:

Secondary Telephone Number/Cell Phone Number:

Email Address:

DEMOGRAPHIC INFORMATION

What is your race? Please mark below:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Do not want to self-identify
- Two or more races

If applicable, what is your Ethnicity? Please mark below:

- Hispanic or Latino
- N/A

Primary/Preferred Language:

What is your preferred method of correspondence? Please mark below:

- Phone
- Large Print (18 pt)
- Standard Print (14 pt)
- Email
- Braille

ALTERNATE CONTACT INFORMATION

Do you have a Legal Guardian? List Yes or No:

If you have a Legal Guardian, please write their name, address, phone number and email address:

Primary Emergency Contact

Emergency Contact's Full Name:

Emergency Contact's Street Address:

Emergency Contact's City/Town, State, Zip Code:

Emergency Contact's Phone Number:

Emergency Contact's Email Address:

Secondary Emergency Contact (if applicable)

Emergency Contact's Full Name:

Emergency Contact's Street Address:

Emergency Contact's City/Town, State, Zip Code:

Emergency Contact's Phone Number:

Emergency Contact's Email Address:

BASIC INFORMATION

What is your living arrangement? Please mark below:

- Private Residence (House or Apartment)
- Senior Independent Living Facility
- Nursing Home/Long Term Care Facility
- Homeless

Are you registered to vote? Please list Yes or No:

If you are NOT registered to vote, do you want a voter registration form? Please list Yes or No:

What is your Marital Status? Please mark below:

- Married
- Divorced
- Widowed
- Separated
- Single

Are you a U.S. Citizen? Please list Yes or No:

What is your primary source of support? Please mark below:

- Family/Friends
- Personal Income/Wages
- Public Support (SSI, SSDI, TANF, etc)
- Personal Income: Interest, Dividends, Rent
- Other

Do you receive any of the following benefits or income? Please mark below:

- SSI-Aged
- SSI-Disabled
- SSDI-Disabled
- SSDI-Other
- VA
- TANF
- General Assistance
- Worker's Compensation
- Unemployment
- Other Disability

What medical insurance do you have? Please mark below:

- MaineCare
- Medicare
- Private through other means
- Private through own work
- Public insurance from other sources
- None
- State/Federal Affordable Care Act Exchange

Are you a veteran? Please list Yes or No:

Have you ever been convicted of any violation of law by any court? Please list Yes or No:

If you answered Yes to the above question, please describe:

What is the cause of your visual impairment? Please mark below:

- Macular Degeneration
- Diabetic Retinopathy
- Glaucoma
- Cataracts
- Other

Do you have any other impairments? Please mark below:

- Deaf/Hard of Hearing/Late Deafened
- Mobility Impairment
- Communication Impairment
- Cognitive or Intellectual Impairment
- Mental Health Impairment
- Other
- None

PRIMARY DOCTOR (PCP) INFORMATION

PCP Name:

PCP Street Address:

PCP City/Town, State, Zip Code:

PCP Phone Number:

Date Last Seen:

PRIMARY EYE DOCTOR INFORMATION

Primary Eye Doctor Name:

Primary Eye Doctor Street Address:

Primary Eye Doctor City/Town, State, Zip Code:

Primary Eye Doctor Phone Number:

Date Last Seen:

OTHER DOCTOR/HOSPITAL/CLINIC INFORMATION

Name:

Street Address:

City/Town, State, Zip Code:

Phone Number:

Date Last Seen:

OTHER AGENCIES AND SERVICES INVOLVED AT APPLICATION INFORMATION

Please list all names, addresses, and phone numbers:

SIGNATURE

By signing below, you are applying for services from The Maine Division for the Blind and Visually Impaired Independent Living Program.

Signature:

Name (Please Print):

Date:

Legal Guardian Signature (if applicable):

Legal Guardian Name (Please Print):

Date:

Please return this form by fax or email:

Fax 207-879-7553

Email: applications.dbvi@maine.gov

Questions? 866-DBVI-4-ME (866-328-4463)

TTY – Maine Relay 711

The Maine Department of Labor provides equal opportunity in employment and programs.

Auxiliary aids and services are available to individuals with disabilities upon request.

Programs are provided as a proud partner of the American Job Center network.