

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REPORT OF LEGAL BLINDNESS / REQUEST FOR INFORMATION
NYS COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED

Please complete this information in full in order to avoid delay in registration of the patient and/or receipt of information requested.

REPORT OF LEGAL BLINDNESS: (Complete this part to report legal blindness)

PATIENT INFORMATION

NAME (Last):	(First):	MI	Sex	Birth Date:	Social Security Number:
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STREET ADDRESS:	TELEPHONE NO: () -
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CITY:	STATE: NY	ZIP CODE:	COUNTY OR NYC BOROUGH:
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EXAMINER

PLEASE CHECK THE APPROPRIATE CONDITION AND CAUSE: (Optometrist not required to indicate cause)

CONDITION	CAUSE
1. <input type="checkbox"/> Blindness, both eyes, no light perception	1. <input type="checkbox"/> Cataracts
2. <input type="checkbox"/> Blindness, better eye, with best correction not more than 20/200	2. <input type="checkbox"/> Glaucoma
3. <input type="checkbox"/> Blindness, better eye, with visual field limitation less than 20 degrees	3. <input type="checkbox"/> All other diseases:
4. <input type="checkbox"/> Patient was registered as blind, is now not blind . <i>(Please check cause # 7)</i>	4. <input type="checkbox"/> Congenital condition
	5. <input type="checkbox"/> Accident, poisoning, exposure, or injury
5. <input type="checkbox"/> This person is employed and is expected to become legally blind within the year.	6. <input type="checkbox"/> Unspecified cause
	7. <input type="checkbox"/> Improved Vision

PART A

EXAMINER NAME:	PROFESSION OF EXAMINER: <input type="checkbox"/> Physician <input type="checkbox"/> Optometrist	EXAM DATE:
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STREET ADDRESS:			
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CITY:	STATE:	ZIP CODE:	TELEPHONE NO.: () -
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EXAMINER SIGNATURE: X

FOR INDIVIDUALS UNDER 18, THE NAME AND ADDRESS OF THE PARENT/GUARDIAN IS REQUIRED:

PARENT/GUARDIAN:	LAST NAME:	FIRST NAME:
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STREET ADDRESS:			
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TELEPHONE NO. () -	CITY:	STATE:	ZIP CODE:
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SUBMITTER (IF DIFFERENT FROM ABOVE)

SUBMITTER'S NAME:	LAST NAME:	FIRST NAME:
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STREET ADDRESS:			
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TELEPHONE NO.: () -	CITY:	STATE:	ZIP CODE:
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REQUEST FOR INFORMATION: (Complete this section if the individual is seeking information from CBVH)

PART B

- How I can perform household tasks
- How CBVH can assist me in preparing for a job
- How CBVH can assist me in keeping my current job
- How CBVH can assist in providing services to the above named visually impaired child
- Other services (specify):

Contact Person:	Phone No. () -
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REPORT OF LEGAL BLINDNESS (Part A)
(To be completed by Ophthalmologist, Optometrist or other Physician)

The Eye Report section of this form is to be completed for all persons who meet the following criteria for legal blindness:

- Central Visual Acuity of 20/200 or less in the better eye with the use of a corrective lens OR
- A limitation in the visual field, in the better eye, less than 20 degrees.

REQUEST FOR INFORMATION (Part B)
(To be completed by or for a legally blind individual)

In addition to reporting to CBVH that this person is legally blind, we would like you to ask your patient if he/she is experiencing any difficulties performing tasks or activities. If so, please assist or have the patient complete the bottom portion on the front side of this form and advise him or her that it will be forwarded to CBVH. Then, please forward the form to the CBVH office listed below that serves the County/Borough in which this individual resides. Your patient will be contacted about rehabilitation services.

<u>Counties Served</u>	<u>Send To:</u>	<u>Counties Served</u>	<u>Send To:</u>	
Allegany	CBVH Ellicott Square Building 295 Main Street Room 590 Buffalo, New York 14203	Broome	CBVH The Atrium, Suite 105 2 Clinton Square Syracuse, New York 13202	
Cattaraugus		Cayuga		
Chautauqua		Chemung		
Erie		Chenango		
Genesee		Cortland		
Livingston		Herkimer		
Monroe		Jefferson		
Niagara		Lewis		
Ontario		Madison		
Orleans		Oneida		
Steuben		Onondaga		
Wayne		Oswego		
Wyoming		Schuyler		
Yates		Seneca		
				St Lawrence (Children)
Albany	CBVH 155 Washington Avenue 2nd Floor Albany, New York 12210	Tioga	CBVH 445 Hamilton Avenue Room 503 White Plains, New York 1060	
Clinton		Tompkins		
Columbia				
Delaware		Dutchess		
Essex		Orange		
Franklin		Putnam		
Fulton		Rockland		
Greene		Sullivan		
Hamilton		Ulster		
Montgomery		Westchester		
Otsego				
Rensselaer				
Saratoga				
Schenectady		Nassau		
Schoharie		Suffolk		
St. Lawrence (Adults)		Queens		
Warren				
Washington				
				<u>Boroughs Served:</u>
				Brooklyn
		Bronx		
		Manhattan		
		Staten Island		