

# CS-001 Application for Services

Revised 03/13/2024



**DIVISION OF BLIND SERVICES**

Florida Department of Education | [dbs.fldoe.org](http://dbs.fldoe.org)

## ***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.

Asterisk (\*) indicates a required field.

### ***I am interested in the following service(s)***

#### **Programs (Please select only one):**

- Blind Babies Program (Birth – Age 5)
- Children’s Program (Age 5 – Age 13)
- Transition Services (Pre-Employment Age 14 – Age 21)
- Independent Living (Age 18 and Over)
- Vocational Rehabilitation (Employment Related Services)
- Other

#### **Special Services (Optional):**

- |  |   |
|--|---|
| <input type="checkbox"/> Orientation and Mobility      | <input type="checkbox"/> Braille Instruction / 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                                |

## Basic Information

Last Name *		First Name *		Middle Initial
Social Security Number		Date of Birth *		
Street Address or PO Box *		Apt. Number	County *	
City *			State *	Zip Code *
E-mail Address				
Home Phone		Cell Phone		Work Phone
Directions to your home				

## Personal Information

<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Not Available <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Sex *:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Available
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
<b>Your Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language
<b>Are you a registered voter? *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Highest Level of Education:</b> <input type="checkbox"/> High School <input type="checkbox"/> Bachelor <input type="checkbox"/> Ph.D. (Doctorate) <input type="checkbox"/> Associate <input type="checkbox"/> Master <input type="checkbox"/> Other
<b>Last School Attended:</b> _____ <b>Date:</b> _____
<b>Are You Employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Work Hours:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<b>What is your job title?</b> _____
<b>Are You a U.S. Citizen? *</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Not, List Status:</b> _____

## Medical Information

Eye Condition:		
Eye Physician:	Date Last Seen?	
Secondary Disability:		
Visual Impairment in both eyes? *	Yes	No

## Service Information

Have you ever 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"/> Braille <input type="checkbox"/> E-Mail or CD
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 disability.

Applicant's Signature		Date
Parent or Guardian's Last Name	Parent or Guardian's First Name	Phone Number
Parent or Guardian's Signature	Date	Relationship
Provider's Name	Provider's Initials	Date

## ***District Office Addresses and Phone Numbers***

### **District 1 – Pensacola**

Division of Blind Services  
600 University Office Blvd., Bldg 17  
Pensacola, FL 32504  
Phone: 1 (850) 484-5122

### **District 2 – Tallahassee**

Division of Blind Services  
3900 Commonwealth Boulevard  
Suite 351, Douglas Building  
Tallahassee, FL 32399  
Phone: (850) 245-0370 or  
Toll Free: 1 (800) 672-7038

### **District 3a – Gainesville**

Division of Blind Services  
3620 NW 43rd Street Suite C  
Gainesville, FL 32606-8100  
Phone: 1 (352) 955-2075 or  
Toll Free: 1 (800) 443-0908

### **District 5a – Cocoa**

Division of Blind Services  
1970 Michigan Avenue, Building A-2  
Cocoa, FL 32922  
Phone: 1 (321) 634-3680 or  
Toll Free: 1 (877) 506-2729

### **District 7 – Tampa**

Division of Blind Services  
415 South Armenia Avenue  
Tampa, FL 33609  
Phone: 1 (813) 871-7190 or  
Toll Free: 1 (800) 757-7190

### **District 9 – Fort Myers**

Division of Blind Services  
5256 Summerlin Commons Way, Suite 201  
Ft. Myers, FL 33907  
Phone: 1 (239) 278-7130 or  
Toll Free: 1 (800) 219-0180

### **District 10 – West Palm Beach**

Division of Blind Services  
400 N Congress Avenue, Suite 305  
West Palm Beach, FL 33401  
Phone: 1 (561) 681-2548 or  
Toll Free: 1 (866) 225-0794

### **District 12 – Miami**

Division of Blind Services  
401 N.W. 2nd Ave., Suite S-712  
Miami, FL 33128  
Phone: 1 (305) 377-5339 or  
Toll Free: 1 (888) 529-1830

### **District 1a – Panama City**

Division of Blind Services  
2505 W. 15th Street, Suite B  
Panama City, FL 32401  
Phone: 1 (850) 872-4181

### **District 3 – Jacksonville**

Division of Blind Services  
1809 Art Museum Dr. Suite 201  
Jacksonville, FL 32207  
Phone: (904) 348-2730 or  
Toll Free: 1 (800) 226-6356

### **District 5 – Daytona Beach**

Division of Blind Services  
1185 Dunn Avenue  
Daytona Beach, FL 32114  
Phone: 1 (386) 254-3800 or  
Toll Free: 1 (800) 329-3801

### **District 6 – Orlando**

Division of Blind Services  
400 W. Robinson St., Suite S1026  
Orlando, FL 32801-1784  
Phone: 1 (407) 245-0700 or  
Toll Free: 1 (866) 841-0928

### **District 7a – Lakeland**

Division of Blind Services  
402 S. Kentucky Ave. Suite 340  
Lakeland, FL 33801  
Phone: 1 (863) 499-2385 or  
Toll Free: 1 (877) 728-7738

### **District 9a – Palmetto**

Division of Blind Services  
600 8th Avenue, W., Suite 401  
Palmetto, FL 34221  
Phone: 1 (941) 721-2914 or  
Toll Free: 1 (800) 500-6412

### **District 11 – Sunrise**

Division of Blind Services  
7771 W. Oakland Park Blvd. Suite 185  
Sunrise, Florida 33351  
Phone: 1 (954) 746-1770