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|  | Missouri Department of Social Services, Family Support Division  **Older Blind Grant Data Sheet – OBS 1** | | | | | | | | | |
| **Name** (Last, First, MI) | | | | | | | **Case Number** | | | |
| **Address** (Street or RR) | | | | | | | | | | |
| **City** | | | | **State** | | **Zip** | | | **County & No.** | |
| **Telephone** | | **Social Security #** | | | | | | **Date of Birth** (MM/DD/YY) | | |
| **Referral Date** | | | **Application Date** | | | | | | | **Caseload #** |
| **Previous OBS Case** | | | | | If Yes, Date of Closure | | | | | |
| **Date of Eligibility** | | | | | **Gender**  1) Male  2) Female | | | | | |
| **Race/Ethnicity**  1) White (Non-Hispanic)  2) African-American (Non-Hispanic)  3) American Indian or Alaskan Native  4) Asian  5) Hawaiian Native or Other Pacific Islander  6) Hispanic or Latino  7) Other (Specify) | | | | | | | | | | |
| **Visual Disability (Check Only One Visual Disability)**  1) Totally Blind (LP Only or NLP)  2) Legally Blind (Excluding Total Blindness)  Reported/Snellen Acuity:  3) Progressive Condition 20/70 or Worse Corrected Bilateral Acuity  Reported/Snellen Acuity: | | | | | | | | | | |
| **Major Cause of Visual Impairments** (As Reported by the Individual)  1) Macular Degeneration  2) Diabetic Retinopathy  3) Glaucoma  4) Cataracts  5) Other | | | | | | | | | | |
| **Non-Visual Impairments/Conditions At Time of Intake**  As Reported by the Individual. Please Check One of the Following If Applicable.  1) Hearing Impairment  2) Mental Impairments – Includes Cognitive Impairments (Impair­ments Involving Learning, Thinking, Processing Information and Concentra­tion); Psychosocial Impairments (Inter-Personal and Behavioral Impair­ments, Difficulty Coping; Alzheimer's; and Other Mental Impairments)  3) Cancer  4) Cardiac and Other Conditions of the Circulatory System  5) Diabetes Mellitus  6) End Stage Renal Disease and Genitou-Urinary System  7) Musculoskeletal (Arthritis, Rheumatism, Amputations, Frac­tures/Injuries Which Resulted In Permanent Loss/Impairment of Limb Function)  8) Neurological Impairments/Disorders Due To: Stroke (CVA) With Resulting Paralysis or Weakness, Peripheral or Diabetic Neuropathy, Other Conditions Affecting the Central Nervous System (Including Parkinson's Disease, Seizure Disorders, Cerebral Palsy, Multiple Sclerosis, Etc.)  9) Respiratory or Lung Conditions  10) Other | | | | | | | | | | |
| **Onset of Significant Vision Loss** (When Loss Began To Affect Performance of Daily Activities)  1) Less Than 1 Year Before Il Services  2) 1-3 Years  3) 4-6 Years  4) 7-9 Years  5) 10 Years or More | | | | | | | | | | |
| **Highest Level of Education Completed**  1) No Formal Schooling  2) Elementary Education (Grades 1-8)  3) Secondary Education, No High School Diploma (Grades 9-12)  4) High School or Equivalency Certificate  5) Post Secondary Education (Less Than Bachelor's Degree)  6) Bachelor's Degree or Higher  7) Master's Degree or Higher | | | | | | | | | | |
| **Type of Living Arrangement At Time of Intake**  1) Live Alone  2) Live With Spouse  3) Live With Personal Care Assistant  4) Live With Other | | | | | | | | | | |
| **Setting of Residence At Time of Intake**  1) Private Residence – Apartment or Home Alone, or With Room­mate, Personal Care Assistant, Family or Other Person  2) Community Residential  3) Assisted Living Center  4) Nursing Home or Long Term Care Facility  5) Other (Please Specify) | | | | | | | | | | |
| **Source of Referral**  1) Eye Care Provider (Ophthalmologist, Optometrist)  2) General Practitioner, Primary Care Provider, or Other Medical Personnel or Medical Institution  3) State VR Agency Counselor or Other Agency Staff  4) Social Service Agency  5) Self-Referral  6) Family Member or Friend  7) Veterans Administration  8) Senior Program  9) Religious Organization  10) Community Rehabilitation Program  11) Other Sources (e.g. Public Service Announcement) | | | | | | | | | | |
| **Do You Feel, After Discussion of the Services Offered by Rehabilitation Services for the Blind, That Your Health Will Allow You To Be More Independent?**  Yes  No | | | | | | | | | | |

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| Services administered by Rehabilitation Services for the Blind, Missouri Family Support Division are in compliance with the Civil Rights Act of 1964 and/or section 504 of the Rehabilitation Act of 1973, as amended. An appli­cation presumed eligible for Older Blind Services from the State when evi­dence exists which establishes that the applicant has a significant disability and meets the eligibility criteria for Older Blind Services. Discrimination against any person on the basis of race, national origin, religion, political pref­erences, or disabling condition is prohibited. All information given by me to a representative of Rehabilitation Services for the Blind is confidential and may be used only for the purpose of carrying out my rehabilitation program, except situations where Federal or State laws take precedence over the Rehabilita­tion Act of 1973. The provision of services is dependent upon my eligibility for the services and upon the availability of Federal and State funds to meet the cost of services.  I have right of appeal if my application is denied or if it is not acted upon promptly. I have the right to an administrative review. I may exer­cise this op­tion by putting my request in writing to the District Supervisor of the local Rehabilitation Services for the Blind office, at the address below. In addition, Missouri Protection and Advocacy Services operates a **Client Assistance Program** which may be of interest and help to me. The Client Assistance Program provides several services including as­sistance in pursuing legal, administrative, or other solutions to protect my rights under the Rehabilitation Act of 1973, as amended. They also pro­vide information about other agencies and programs in Missouri which offer rehabilitation services to per­sons with disabilities. The **Client Assistance Program** is available by writing or telephoning: Missouri Protection and Advocacy Services, 925 South Country Club Drive, Jefferson City, MO 65109, **Telephone: 1-800-392-8667.** I can obtain further information on my rights to appeal by contacting the RSB representative whose name, address, and telephone number are shown below.  **Missouri Rehabilitation Services for the Blind** | |
| **RSB Representative** | **Telephone Number** |
| **Applicant Signature** | **Date** |