



Government of the Virgin Islands of the United States  
**DEPARTMENT OF HUMAN SERVICES**

**INDEPENDENT LIVING SERVICES FOR OLDER INDIVIDUALS WHO ARE BLIND**

**Application for Services**

**CLIENT INFORMATION:**

**NAME** \_\_\_\_\_ **DATE OF APPLICATION** \_\_\_\_\_

**SOCIAL SECURITY** \_\_\_\_\_ **GENDER** \_\_\_(M) \_\_\_(F)

**ETHNICITY** \_\_\_\_\_ (Black/African) (Hispanic/Latino) \_\_\_(Caucasian) \_\_\_(Other)

**DATE OF BIRTH** \_\_\_\_\_ **PLACE OF BIRTH** \_\_\_\_\_

**CITIZENSHIP STATUS** \_\_\_\_\_ **IF NOT A U.S. CITIZEN, ALIEN**

**REGISTRATION #** \_\_\_\_\_

**PHYSICAL ADDRESS**

**MAILING ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER**

**HOME** \_\_\_\_\_ **WORK** \_\_\_\_\_ **CELL** \_\_\_\_\_

**ARE YOU EMPLOYED:** [ ] YES [ ] NO

**TYPE OF**

**EMPLOYMENT** \_\_\_\_\_

- Do you need visual aides to complete your job duties? [ ] YES [ ] NO
- Do you need reader services to complete your job duties? [ ] YES [ ] NO

**PERSON TO CONTACT IN AN EMERGENCY**

**NAME**

**TELEPHONE NUMBER**

**REFERRAL SOURCE**

**NAME**

**AGENCY OR RELATIONSHIP**

ILS For Older Blind  
Application for Services

**I. DO YOU ATTEND A SENIOR CITIZEN CENTER? YES [ ] NO [ ]**  
**IF YES, CENTER'S NAME AND ADDRESS**

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**II. DO YOU LIVE INDEPENDENTLY? YES [ ] NO [ ]**  
[ ] OWN HOME  
[ ] WITH RELATIVES  
[ ] IN A SENIOR CITIZEN HOME/HOUSING COMMUNITY - GIVE NAME AND ADDRESS

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**III. HIGHEST LEVEL OF EDUCATION COMPLETED**

- [ ] NO FORMAL SCHOOLING
- [ ] ELEMENTARY EDUCATION (GRADES 1-8)
- [ ] SECONDARY ED., NO HIGH SCHOOL DIPLOMA (GRADES 9-12)
- [ ] POST SECONDARY ED (LESS THAN BACHELOR'S DEGREE)
- [ ] MASTER'S DEGREE OR HIGHER

**IV. VISUAL IMPAIRMENT/DISABILITY**

- [ ] TOTALLY BLIND
- [ ] LEGALLY BLIND
- [ ] SEVERE VISUAL IMPAIRMENT

**V. MAJOR CAUSE OF VISUAL IMPAIRMENT**

- [ ] MACULAR DENGGENERATION [ ] GLAUCOMA
- [ ] DIABETIC RETINOPATHY [ ] CATARACT [ ] OTHER
- [ ] RESPIRATORY OR LUNG CONDITIONS [ ] OTHER

**VI. DO YOU USE VISUAL AIDS? YES [ ] NO [ ]**  
**IF YES, PLEASE LIST THE VISUAL AID USED**

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**CAN YOU BENEFIT FROM ANY OF THESE LISTED BELOW?**

- EYE GLASSES       TALKING CALCULATOR       TALKING WATCH
- LARGE NUMBER WATCH       JUMBO BUTTON PHONE       CCTV
- VOICE ACTIVATED RECORDER       HAND HELD MAGNIFIER
- LARGE SCREEN CALCULATOR       LCD DIGITAL CLOCK
- CANE/WALKING STICK       LARGE PRINT DICTIONARY
- OTHER SPECIAL NEEDS THAT YOU MAY HAVE

**VII. NON-VISUAL IMPAIRMENTS/CONDITIONS**

- HEARING IMPAIRMENT       MENTAL IMPAIRMENT
- CANCER       DIABETES MELLITUS
- CARDIAC AND OTHER CONDITIONS OF THE CIRCULATORY SYSTEM
- END STAGE RENAL DISEASE AND GENITOURINARY SYSTEM DISORDER
- MUSCULOSKELETAL (ARTHRITIS, RHEUMATISM, AMPUTATIONS,  
FRACTURES/INJURIES WHICH RESULTED IN PERMANENT LOSS/IMPAIRMENT OF LIMB  
FUNCTION)
- RESPIRATORY OR LUNG CONDITIONS       OTHER

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Applicant Signature

Date