

Maryland State Department of Education
Division of Rehabilitation Services

Application for Independent Living Older Blind Services

Applicant Information:

Social Security Number: _____ Birth Date: _____

Last Name: _____ First: _____ Middle: _____

What do you prefer to be called? _____

Please list any previous last names (e.g., maiden name, etc.):

Street Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Phone: _____

☐ Home ☐ Cell ☐ Work ☐ Other: _____

Second Phone: _____

☐ Home ☐ Cell ☐ Work ☐ Other: _____

Would you like DORS to send updates to you by text message?

☐ Yes ☐ No At what phone number? _____

Email Address: _____

Who referred you to DORS? _____

What is your living arrangement?

- ☐ Assistive Living Facility
- ☐ Nursing Home/Long-Term Care
- ☐ Homeless
- ☐ Private Residence (House or Apartment)
- ☐ Senior Living/Retirement Community

Who do you live with at this time?

- ☐ I am living alone.
- ☐ I am living with my spouse.
- ☐ I am living with a personal care attendant.
- ☐ I am living with other individual/individuals.

Contacts:

List the people DORS can contact if we are unable to reach you using the information provided above.

Name: _____ Relationship: _____
Phone: _____ Email: _____

Name: _____ Relationship: _____
Phone: _____ Email: _____

Characteristics:

Gender: ☐ Male ☐ Female ☐ I do not wish to self-identify

Please identify your race/ethnicity (check all that apply):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ I do not wish to self-identify

Are you Hispanic or Latino? ☐ Yes ☐ No

Communication:

What is your primary language? _____

Do you need an interpreter or other help to work with DORS?

☐ Yes ☐ No If yes, please explain:

How would you prefer to receive written communication?

☐ Standard Print ☐ Braille ☐ Large Print ☐ Digital Format

Veteran Status:

☐ I am a veteran. ☐ I am not a veteran.

Disability Information:

Primary Disability: _____

This disability is a result of: _____

Secondary Disability: _____

This disability is a result of: _____

How does your disability limit your ability to live independently?

Do you use or need any assistive device or accommodation to help you function independently? ☐ Yes ☐ No If yes, describe:

Do you have difficulty remembering, following instructions and/or staying on task? ☐ Yes ☐ No

Do you have difficulty reading or understanding written communication? ☐ Yes ☐ No

Do you need assistance with routine activities of daily living (hygiene, meal preparation, chores)? ☐ Yes ☐ No

Other Information:

Please describe any special needs you may have (e.g., personal care assistance, child care, transportation):

What do you hope to gain from participating in DORS ILOB services (i.e., what are your independent living goals)?

Other comments, concerns or additional information:

Request for Independent Living Older Blind (ILOB) Services and Notification of Rights

- I am requesting rehabilitation services and have been given a copy of the Opening Doors to Employment, Informed Choice and Client Assistance Program brochures.
- I understand my rights and responsibilities under this program.
- I understand that giving DORS untrue and/or fraudulent information may result in services not being provided or continued.
- By signing this request I give permission for DORS to verify my Social Security Disability Benefits (SSDI or SSI) recipient status.

Before signing, please discuss with your DORS counselor any information you do not understand.

Applicant Signature/Date: _____

Signature of Representative: _____
(if applicant has a legal guardian)

Information Gathering

- The principal purposes served by gathering information requested on the Application and individualized plan of services are to:
 1. Determine your eligibility for rehabilitation services.
 2. Plan your services.
- Refusal to provide the requested information will result in DORS finding you not eligible for services.
- You have a right to review, amend or correct the requested information under Maryland Annotated Code, State Government Article, Section 10-611-10-629.
- The requested information is not available for public inspection, unless you give written permission.
- The requested information is routinely shared with other governmental agencies when information is needed for you to obtain benefits or services; for audit, evaluation or research purposes connected with the administration of the rehabilitation program as long as confidentiality is safeguarded; and to obtain payment for services which have been provided when covered by third-party resources.
- DORS requests the Social Security Number of applicants for services and uses it only for federal reporting purposes and, as applicable:
 1. Confirmation of Social Security benefits and presumption of eligibility.
 2. Financial transactions.