

LIONS WORLD SERVICES FOR THE BLIND
2811 FAIR PARK, LITTLE ROCK, ARKANSAS 72204
TELEPHONE: (501) 664-7100 FAX: (501) 664-2743
ADMISSION APPLICATION

I. PERSONAL INFORMATION DATA

DATE _____

Name _____ Telephone No. () _____

Address _____
(Street) (City) (State) (Zip)

Date/Place of Birth _____ SS No. _____

Age _____ Sex _____ Height _____ Weight _____ Ethnic Origin _____

Married _____ Never Married _____ Widowed _____ Divorced _____ Separated _____

Family Status: Ages of Children _____ Brothers/Sisters _____

Client lives independently? _____ With Whom? _____

Client owns a dog guide? Yes _____ No _____

Name and address of nearest relative (or Guardian, if minor) _____

_____ Telephone No. _____

II. DISABILITY DATA

* Visual Acuity: R _____ L _____ Etiology _____ Prognosis _____

* Other Disabilities _____

Current Medication _____ Self Administered? Yes _____ No _____

During training, who pays for medical services? Client () Agency () Other ()

During training, who pays for medication? Client () Agency () Other ()

At the end of training who pays for return transportation home? Client () Agency () Other ()

Specify _____

*Note: Please share copies of the most recent medical, ophthalmological and other special medical, psychological reports, and college transcripts. A copy of the most pertinent case recording will be helpful but is not necessary. If a special diet is required, please share a copy of that with us.

III. CULTURAL DATA:

Education Completed: Grade _____ Year _____ School for the Blind _____ Public _____
College: Year _____ Degree _____ Major _____ Date _____

Name and Location of College _____

Last Job _____ Dates _____ Salary _____

Job held Longest _____ Dates _____

Financial Status: Monthly Income _____ Source of Income: SSDI _____ SSI _____ OTHER _____

Who provides personal incidental monies? Client () Agency () Other ()
Specify _____

Religious Preference _____ Clubs of Fraternal Orders _____

Complicating Personal Problems: Legal _____ Behavioral _____

IV VOCATIONAL PLANNING DATA

Vocational Objectives: 1. _____ 2. _____

Vocational Objective is: Firm _____ Tentative _____

V SPECIAL SERVICES DESIRED

In addition to evaluation, personal adjustment and prevocational training, what other services does your client need while at LWSB?

In Your opinion, what is the most important service needed? _____

Signed _____
(Rehabilitation Counselor)

Agency _____

Address _____

Phone () _____

VI. In order that the Lions World Services for the Blind may safeguard the welfare of

(Client's Name)

you are authorized to obtain emergency medical and/ or hospital services under your medical consultation without further instructions. I also agree that you may secure and share medical, psychological and other reports with my sponsoring agency.

Signed _____
(Client or parent or guardian, if under 21)

Comments

PLEASE SEND CERTIFICATION OF ELIGIBILITY WITH MEDICAL /VISION REPORTS