



APPLICATION FOR CONFERENCE INSTRUCTIONS

PURPOSE:

To notify the Area Supervisor of Social Services for the Blind and the Chief of the Independent Living Services Program in the DSB State Office of a consumer's dissatisfaction with the service program and to request a conference concerning his/her dissatisfaction.

PREPARED BY:

The Social Worker for the Blind will prepare the DSB-7219.

INSTRUCTIONS:

1. Enter consumer's name, address including city, state and county, and his/her telephone number on the appropriate lines.
2. Briefly describe the reason(s) for conference request.
3. Enter date and obtain the signature of the consumer.

DISTRIBUTION:

Original to: Chief, Independent Living Services in DSB State Office
Copies to: DSB Area Supervisor of Social Services for the Blind
County Department of Social Services
Appellant