

# SECTION 400 PART A: FORMS AND APPLICATION PROCESS

REVISED: 09/20/2010

## DSB-2001 APPLICATION FOR EYE CARE CERTIFICATION

### PURPOSE

The DSB-2001 is used to document identifying information, income and deductions. It also documents that the applicant has read the "Freedom of Choice" statement and the legal statements about misrepresentation and fraud. This application now provides a guide through the application process for both the applicant and the interviewer with space for documentation.

### INSTRUCTIONS

1. The DSB-2001 may be completed by the applicant or by the interviewer.
2. All identifying, insurance and income information should be completed on Page 1-2 with the space at the top of Page 2 used for any additional information or clarification of stated information. If the applicant states he/she has had no income for the past 6 months, the entire application must be completed and a statement should be made at the top of Page 2 as to how he/she has survived with no income.
3. Either the applicant or the interviewer must record detailed income and allowable deduction information on Page 2. Only the listed deductions listed on Page 2 are allowed from the income of the family unit. The interviewer must document the source of the income under "Documentation". The interviewer must calculate the total monthly income and the total monthly deductions.
4. After the interviewer totals the income and then subtracts the allowed deductions, the net income should be listed at the bottom of the page. This net income should then be compared to either the net income scale for children or the net income scale for adults in section 200. The age of the person who needs the service determines which scale must be used and the definitions of child and adult are also found in section 200.
5. It is very important that Page 3 of the application is either read by or read to the applicant. The applicant is given the freedom to select an eye care provider and the name and address of the provider should be written in the space provided. Also, the applicant must realize that he/she is certifying under penalty of law that the information is correct.
6. In-depth instructions for the determination of financial eligibility can be found in Section 200 of the MEC Manual.

[DSB-2001, Application for Eye Care Certification](#)

**DSB-2031 LETTER TO ACCOMPANY MAILED APPLICATION**

## **DSB-2031, Letter to Accompany Mailed Application**

### **DSB-2032 NOTIFICATION OF NEED FOR ADDITIONAL INFORMATION**

#### **PURPOSE**

The person who is determining the eligibility of the applicant for the MEC Program will complete and mail this form to the applicant if the application is not complete or if the applicant is eligible to receive eye care services from another program.

#### **INSTRUCTIONS**

1. The interviewer will complete the date the form is prepared and mailed as well as the name and address of the applicant.
2. The interviewer will indicate with a "X" as many of the problem areas with the application as exist and write in any that are not described by the list.
3. The interviewer should give an expected date that the requested material should be returned as well as any other communication with the applicant that needs to be made under "REMARKS".
4. The phone number of the interviewer as well as a day and time that would be good for the applicant to call in should be written near the bottom of the form in the spaces provided.
5. The interviewer should sign the form at the bottom of the page.

## **DSB-2032, Notification of Need for Additional Information**

### **DSB-2033 NOTIFICATION OF ELIGIBILITY STATUS**

#### **PURPOSE**

This form letter notifies the applicant of the decision on his/her eligibility for the MEC Program if it was not possible for the interviewer to make the determination and verbally give the applicant the decision while the applicant and/or his representative was in the office.

#### **INSTRUCTIONS**

1. The date the DSB-2033 is completed and mailed should be written at the top of the form by the interviewer. The interviewer should write in the name and address of the applicant as well as the salutation to the applicant.
2. Either "ELIGIBLE" or "INELIGIBLE" should be marked with a "X" by the interviewer. If the applicant is ineligible, a brief explanation should be given on the lines provided.
3. Under "REMARKS", the interviewer may give the page number in the MEC Manual that describes the reason the applicant is not eligible or just explain the decision in more detail. This area may also be used to provide information about other programs that provide eye care that the applicant could contact for assistance.

4. The interviewer should provide a phone number, days and times when the applicant may contact him/her as well as the office address.

5. The interviewer must sign the DSB-2033 at the bottom of the page.

### **DSB-2033, Notification of Eligibility Status**

## **DSB-2202 REPORT OF EYE EXAMINATION**

### **PURPOSE**

Form DSB-2202 is used to report the results of eye examinations conducted by physicians, ophthalmologists, and optometrists. This form provides identifying data on the individual examined, a brief medical history, and the visual acuity.

### **INSTRUCTIONS**

1. The Report of Eye Examination is prepared by the examining physician or optometrist who will complete all entries applicable to the individual being examined. The doctor will sign and date the completed report.

2. Routing of Eye Examination Reports by Physician/Optomtrist

The Administrative Procedures Act requires that examining physicians and optometrists submit the complete eye examination reports to the North Carolina Division of Services for the Blind for all individuals having the following conditions:

- a chronic, degenerative eye disorder; or
- best corrected visual acuity in the better eye at or worse than 20/70 nellen designation or the equivalent; or
- no vision or best corrected vision that is still so defective as to prevent the performance of ordinary activities that require sight.

These reports are to be mailed to the Nursing Eye Care Consultant in the agency's district office. Refer to Appendix A for district offices' mailing addresses and respective county assignments.

3. Routing of Eye Examination Reports by Nursing Eye Care Consultants

Nursing Eye Care Consultants are the designated staff persons within the agency's district offices to receive and route eye examination reports and other information regarding the eye. Retain original of eye examination report in DSB district office.

N.C. General Statute 111-4 requires that all individuals with the following visual acuities be listed on the North Carolina Register of the Blind:

1. Visual acuity of 20/70 or worse in the better eye with best correction, or

2. A field of vision in the better eye to such an extent that its widest diameter subtends an angle of no greater than 30 degrees.

3. Visual acuity of 20/50 in the better eye with best correction with one or more of the following eye conditions:

Cataract  
Glaucoma  
Nystagmus

Optic Atrophy  
Keratoconus  
Diabetic Retinopathy

Macular Degeneration  
Retinal Degeneration  
Retinitis Pigmentosa

Route Copy of Eye Examination Reports (no age limitations) to Social Workers for the Blind

1. For person having a visual acuity of 20/200 best corrected, or a field of vision in the better eye to such a degree that its widest diameter subtends an angle of no greater than 20 degrees.
2. For persons having visual acuity of 20/100 with best correction with a progressive eye condition or a field of vision in the better eye to such an extent that its widest diameter subtends an angle of no greater than 30 degrees.
3. For persons with best corrected central visual acuity of 20/70 or less in the better eye;  
or
4. For persons having chronic, progressive eye pathology.

Route copy of Eye Examination Reports to Rehabilitation Counselors (generally for persons age 14 and over).

1. For persons who have impediments to employment caused by visual limitations.
2. For persons having 20/200 or less vision in the better eye with best correction.
3. For persons having between 20/100 and 20/200 vision in the better eye with best correction if the person has been unable to adjust satisfactorily to his loss of vision.
4. For persons who have night blindness (RP) or a rapidly progressive eye condition which may reduce their vision in the future.
5. For persons of working age for whom eye treatment and/or surgery are recommended, regardless of visual acuity

### **DSB-2202, Report of Eye Examination**

### **DSB-7219 APPLICATION FOR CONFERENCE**

#### **PURPOSE**

To notify the Chief, ILS and Medical Eye Care Program and the Area Supervisor of Social Services for the Blind of a consumer's dissatisfaction with the medical eye care program and to request a conference concerning his/her dissatisfaction.

#### **PREPARED BY**

The consumer, his/her representative, or the Social Worker for the Blind.

**INSTRUCTION**

1. Enter consumer's name, address, city, county, and telephone number in appropriate blanks.
2. Briefly describe reason(s) for conference request.
3. Enter date and obtain signature of consumer.

**DISTRIBUTION:**

Original To: Chief, Independent Living Services Program in DSB State Office  
Copies To:

DSB Area Supervisor of Social Services for the Blind

County Department of Social Services

Appellant

**[DSB-7219, Application for Conference](#)**