INDEPENDENT LIVING REHABILITATION APPLICATION INSTRUCTIONS

PURPOSE

The Independent Living Rehabilitation Application is used to record a complete history on an individual making application for Independent Living Rehabilitation (ILR) services with North Carolina Division of Services for the Blind (DSB). Once an application is completed, signed and dated, the ILR Counselor has 60 calendar days to approve or deny services. If extenuating circumstances exist, complete with the individual the Extension of Time to Determine Eligibility form DSB-4041-ILR-ia.

PREPARED BY

Independent Living Rehabilitation Counselor

INSTRUCTIONS

1. Name: Enter individual's name (first name, middle initial and last name).

2. Individual Number: When applicable, enter the randomly selected computer number which is not the CSNS or Social Security Number.

3. SSN: Enter individual's nine-digit Social Security Number.

4. Maiden Name: Enter individual's maiden name. Leave blank if not applicable.

5. E-mail Address: Enter the complete address, if appropriate.

6. Address: Enter the individual's most current street address, city and five digit zip code.

7. County: Enter the individual's current county and the two-digit code.

8. Date of Birth: Enter the month, day and year for the date the individual was born. Age: Enter the applicant's age at referral.

9. Phone: Enter the individual's home and cell phone numbers with area code and seven-digit number.

10. Gender: Place an X in the appropriate block to indicate the individual's sex.

11. Directions to Home: Enter clear driving directions from the district office.

12. Race: Place an X in the appropriate block to indicate the individual's identification of race. Multiple "X" responses are permitted for an individual.

White: An individual having origins in any of the original peoples of Europe, North Africa or Middle East.

African American: An individual having origins in any of the black racial groups of Africa.

American Indian: An individual having origins in any of the original peoples of North America and who maintains cultural identification through affiliation or community recognition.

Asian: An individual having origins in any of the original peoples of the Far East, Southeast

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Asia and the Indian subcontinent. This area includes China, India, Japan, Korea and the Philippine Islands.

Pacific Islanders: An individual having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

13. Hispanic/Latino: place an X on the appropriate line to indicate the individual's identification of ethnicity.

14. Language Preference: Enter the written language preference for the head of the household.

15. Marital Status: Place an X in the appropriate block to indicate the individual's marital status at the time of application for services.

16. Number in Family: Enter the number of individuals in the family on the appropriate line.

17. Contact Person(s): Enter a name and telephone number of a relative or friend.

18. Type of Arrangement: Place an X in the appropriate block that describes the current living arrangement of the individual.

19. Type of Residence: Place an X in the appropriate block that describes the setting of residence of the individual.

20. Referral Date: Enter a month, day and a year for date the individual was referred.

21. Referral Source: Enter the name of the individual, organization or other entity that first referred the individual.

22. Visual Impairment: Place an X in the appropriate block that best describes the individual's visual impairment.

23. Vision: Enter the better corrected visual acuity in the right (OD) and left (OS) eye.

24. Fields: Enter the degrees of the field of vision in the right (OD) and left (OS) eye.

25. Major Cause of Visual Impairment: Place an X in the appropriate block that best describes the major cause of the individual's visual impairment.

26. Non-visual Impairments: Place X responses in the appropriate blocks that best describe the individual's non-visual impairments.

27. Family Income: Net Wages - Enter the net earnings of each adult member within the family unit for the month before application. Net is gross income minus mandatory deductions (income taxes, social security and health insurance).

Social Security (SSDI, SSI, OASI) - Enter the amount of SSDI, SSI or OASI benefit each adult member within the family unit receives per month on the appropriate line.

Public Assistance (TANF, General Assistance and Other Public Support) - Enter the amount of public assistance each adult member within the family unit receives per month on the appropriate line.

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Total Family Income: Record the sum of all the financial resources listed.

Excess Income*: Record all excess net monthly income. *If there is excess net monthly income or assets, the DSB-4040 Economic Need form will be required if services based on need are to be provided.

Income Eligible: Place an X in the appropriate box to indicate the individual's income eligibility for cost services.

28. Medical Insurance Coverage at Application: Place an X in the appropriate box to indicate the individual's status for medical insurance coverage at application.

29. Medical Insurance through Work: Place an X in the appropriate box to indicate insurance is not available through work, medical insurance is available through work or no medical insurance is available as the individual is not working.

30. Medicare: Place an X in the appropriate box to indicate

Applied - Applicant has applied for Medicare coverage; Receiving - Applicant is receiving Medicare coverage; None - Applicant does not have Medicare coverage

Medicare Number - Enter applicant's Medicare number

Medicare Type - Place an X in the appropriate box to indicate

Inpatient Hospital; Physician & Outpatient Hospital; Both Inpatient & Outpatient

31. Medicaid: Place an X in the appropriate box to indicate

Applied - Applicant has applied for Medicaid coverage; Receiving - Applicant is receiving Medicaid coverage; None - Applicant has no Medicaid coverage

Medicare Number - Enter the Medicaid number

32. Worker's Compensation: Place an X in the appropriate box to indicate whether the individual is receiving Worker's Compensation. If receiving, record the number on the appropriate line.

33. Private Insurance: Place an X in the appropriate box to indicate whether the individual has private medical insurance.

34. Private Insurance Name: Enter the individual's private medical insurance name and policy number.

35. Independent Living Needs: Record the individual's independent living needs.

36. Low Vision Needs: Record the individual's low vision needs.

37. Mobility Needs: Record the individual's mobility needs.

38. Comments: Enter any other information that will be helpful.

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39. Register to Vote: Place an X in the appropriate block to indicate if the individual would like to register to vote or change their registration.

Independent Living Rehabilitation Counselor signs and dates the form.

Individual, or the individual's representative, if appropriate, signs and dates the form.