

Screen reader users - Use the up and down arrow keys to read instructions and content, then use the Tab key to navigate fillable table fields.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
COMMISSION FOR THE BLIND
APPLICATION FOR SERVICE

NOTICE: This form may be submitted by a person who is blind or visually impaired, or by an individual or agency on behalf of that person. If you have been mailed this form, please return it in the preaddressed envelope provided. If you are filling this form out online, please fill out the form and select the "Save Form" button to save. You may also print this form and fill it out by hand. Then mail the form or submit it electronically with the "Submit to" button to the district office located closest to you, listed on page 3.

APPLICANT INFORMATION

Full First Name:		Middle Initial:	Last Name:		Social Security Number:
Street Address (include apartment number):					Date of Birth:
City:	State: New York State	ZIP Code:	County:	(Area Code) Phone Number:	
If no phone, is there a number where applicant or parent/guardian can be reached? Yes No If Yes, please indicate phone number:			Email of applicant or parent/guardian:		
Preferred format for correspondence? (Phone, Email, US Mail, Etc.) _____					
Has applicant previously received services from the New York State Commission for the Blind (NYSCB)? Yes No					
Does applicant have a NYSCB Eye Registration Number? Yes No					
If Yes, please provide applicant's NYSCB Eye Registration Number:					

SERVICES NEEDED BY APPLICANT (Check all that apply.)

Counseling and guidance <input type="checkbox"/> Training in performing household tasks <input type="checkbox"/> Assistance in preparing for and/or finding a job <input type="checkbox"/> Assistance maintaining a current job <input type="checkbox"/> Assistance in obtaining services for the above-named visually impaired child <input type="checkbox"/> Other services <input type="checkbox"/>

APPLICANT HISTORY

Cause of visual impairment:		
Age at onset _____	Does the applicant have any other disabilities? Yes No	
If Yes, please describe:		

REMARKS (You may use the box below to provide any additional information.)

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**IF SUBMITTING ELECTRONICALLY AND CANNOT SIGN, PLEASE
TYPE NAME IN SIGNATURE BLOCKS AND DATE**

I am applying for services from the New York State Commission for the Blind and agree to assist in obtaining information to determine my eligibility for services.

Applicant signature:	Date:
Print name of parent/guardian if applicant is under the age of 18:	
Parent/guardian signature:	Date:

If application is submitted by anyone other than the applicant or parent/guardian of the applicant, please complete the following and have applicant or parent/guardian sign above.

INDIVIDUAL SUBMITTING APPLICATION:

First Name:	Last Name:	
Title/relationship to applicant:		
Signature of submitter:		
Agency (if applicable):		
Street Address of submitter or agency:		
City:	State:	ZIP Code:
(Area Code) Phone Number of submitter:		

NOTICE: The button to save the form is only available within Adobe Acrobat or Acrobat Reader. If the form has opened in an internet browser, use the "Save As" function within the browser to save your form information. After saving the form, go to page 3 to submit to your nearest district office.

District Offices (with district manager emails listed)

Albany – New York State Commission for the Blind, 52 Washington Street, Room 202 South Building, Rensselaer, NY 12144

Email: Ann.Gallagher-Sagaas@ocfs.ny.gov **Telephone:** (518) 473-1675

Syracuse – New York State Commission for the Blind, The Atrium, 100 South Salina Street, Suite 105, Syracuse, NY 13202 **Email:** Christine.Kearney@ocfs.ny.gov **Telephone:** (315) 423-5417

Buffalo – New York State Commission for the Blind, Ellicott Square Building, 295 Main Street, Suite 590, **Mail to:** Suite 545, Buffalo, NY 14203

Email: Jane.Sullivan@ocfs.ny.gov **Telephone:** (716) 847-3516

Rochester – New York State Commission for the Blind – Outstation, 259 Monroe Avenue, Suite 303, Rochester, NY 14607 **Email:** Jane.Sullivan@ocfs.ny.gov **Telephone:** (585) 238-8110

Westchester – New York State Commission for the Blind, 117 East Stevens Avenue, Suite 300, Valhalla, NY 10595 **Email:** Daniel.Diaz@ocfs.ny.gov **Telephone:** (914) 993-5370

Harlem – New York State Commission for the Blind, Adam Clayton Powell Jr. State Office Building, 163 West 125th Street, Suite 1315, New York, NY 10027

Email: Shawn.Chin-Chance@ocfs.ny.gov **Telephone:** (212) 961-4440

Lower Manhattan – New York State Commission for the Blind, 80 Maiden Lane, Suite 401, New York, NY 10038 **Email:** Brian.Pinto@ocfs.ny.gov **Telephone:** (212) 825-5710

Garden City – New York State Commission for the Blind, 711 Stewart Avenue, Suite 210, Garden City, NY 11530 **Email:** Paola.Nappo-Ficarra@ocfs.ny.gov **Telephone:** (516) 743-4188

Pursuant to the provisions of Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, as amended, and the regulations issued thereunder, the services of the New York State Commission for the Blind do not discriminate on the basis of race, sex, color, national origin, disability, religion, age, sexual orientation, gender identity and/or expression, or status as a parent; nor shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in a federally conducted education or training program or activity.

Pursuant to Section 504 of the Rehabilitation Act of 1973, as amended, no otherwise qualified individual with a disability in the United States, as defined in section 705 (20) of this title, shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or under any program or activity conducted by any executive agency or by the United States Postal Service.