NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

REPORT OF LEGAL BLINDNESS / REQUEST FOR INFORMATION

NEW YORK STATE COMMISSION FOR THE BLIND (NYSCB)

Please complete this information in full to avoid delay in registration of the patient and/or receipt of the information requested. (Please print clearly.)

REPORT OF LEGAL BLINDNESS: Complete this part to report legal blindness.

PART A

PATIENT INFORMATION:

LAST NAME:	FIRST NAME:	MI	SEX	BIRTH DATE: / /	SOCIAL SECURITY NUMBER:

STREET ADDRESS:			PHONE NUMBER: ( ) -
CITY:	STATE: **NY**	ZIP CODE:	COUNTY OR NYC BOROUGH:

EXAMINER: PLEASE CHECK THE APPROPRIATE CONDITION AND CAUSE:

CONDITION	CAUSE
1. ☐ Blindness in both eyes; no light perception.	1. ☐ Cataracts
2. ☐ A visual acuity of 20/200 or less in the better eye with best correction.	2. ☐ Glaucoma
3. ☐ A visual field of no greater than 20 degrees in the better eye.	3. ☐ All other diseases:
4. ☐ This person functions at the definition of legal blindness due to a vision condition such as cortical visual impairment. Standard acuity testing is impossible or unreliable and, in my medical opinion, the functional vision meets the definition of legal blindness.	4. ☐ Congenital condition 5. ☐ Accident, poisoning, exposure, or injury
5. ☐ This person was registered as legally blind, and is now **not** legally blind. (If so, please check Cause #7.)	6. ☐ Unspecified cause
6. ☐ This person is employed and is expected to become legally blind within the year.	7. ☐ Improved vision

VISION DIAGNOSIS:

EXAMINER LAST NAME:	FIRST NAME:	PROFESSION OF EXAMINER: ☐ Ophthalmologist ☐ Optometrist ☐ Physician	EXAM DATE: / /

STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	PHONE NUMBER: ( ) -

EXAMINER SIGNATURE:
X

FOR INDIVIDUALS UNDER 18, THE NAME AND ADDRESS OF THE PARENT/GUARDIAN IS REQUIRED:

PARENT/GUARDIAN: LAST NAME	FIRST NAME:

STREET ADDRESS:			
CITY:	STATE	ZIP CODE:	PHONE NUMBER: ( ) -

SUBMITTER (IF DIFFERENT FROM ABOVE):

SUBMITTER: LAST NAME	FIRST NAME:

STREET ADDRESS:			
CITY:	STATE	ZIP CODE:	PHONE NUMBER: ( ) -

REQUEST FOR INFORMATION: Complete this section if the individual is seeking information from the New York State Commission for the Blind (NYSCB).

PART B

- ☐ How I can perform household tasks
- ☐ How NYSCB can assist me in preparing for a job
- ☐ How NYSCB can assist me in keeping my current job
- ☐ How NYSCB can assist in providing services to the above named legally blind child
- ☐ Other services (specify):

CONTACT PERSON (PATIENT/SUBMITTER) (Please Print):	PHONE NUMBER: ( ) -

REPORT OF LEGAL BLINDNESS (Part A)

(To be completed by ophthalmologist, optometrist or another physician)

This section is to be completed for all persons who meet at least one of the conditions (1-6) listed on **Page 1**:

REQUEST FOR INFORMATION (Part B)

(To be completed by, or for, a legally blind individual)

In addition to completing **Part A**, please ask your patient if they are experiencing any difficulties performing tasks or activities. If so, please assist or have the patient complete **Part B** and advise them the form will be forwarded to NYSCB.

Forward the completed form to the NYSCB office listed below that serves the county/borough in which this patient resides. The patient will then be contacted about rehabilitation services.

Counties Served	Send To:	Counties Served	Send To:
Allegany	**NYSCB Ellicott Square Building 295 Main St. Suite 545 Buffalo, NY 14203 Phone: (716) 847-3516**	Broome	**NYSCB The Atrium 100 South Salina St. Suite 105 Syracuse, NY 13202 Phone: (315) 423-5417**
Cattaraugus		Cayuga	
Chautauqua		Chemung	
Erie		Chenango	
Genesee		Cortland	
Livingston		Herkimer	
Monroe		Jefferson	
Niagara		Lewis	
Ontario		Madison	
Orleans		Oneida	
Steuben		Onondaga	
Wayne		Oswego	
Wyoming		Schuyler	
Yates		Seneca	
		St Lawrence *(Children)*	
Albany	**NYSCB Albany District Office 52 Washington St. Rensselaer, NY 12144 Phone: (518) 473-1675**	Tioga	
Clinton		Tompkins	
Columbia			
Delaware		Dutchess	**NYSCB 117 East Stevens Ave. Suite 300 Valhalla, NY 10595 Phone: (914) 993-5370**
Essex		Orange	
Franklin		Putnam	
Fulton		Rockland	
Greene		Sullivan	
Hamilton		Ulster	
Montgomery		Westchester	
Otsego			
Rensselaer		Nassau	**NYSCB 711 Stewart Ave. Suite 210 Garden City, NY 11530 Phone: (516) 743-4188**
Saratoga		Suffolk	
Schenectady		Queens *(Central & Eastern)*	
Schoharie			
St. Lawrence *(Adults)*			
Warren		**Boroughs Served**	**NYSCB 80 Maiden Lane Suite 401 New York, NY 10038 Phone: (212) 825-5710**
Washington		Brooklyn	
		Manhattan *(up to and including 23rd St.)*	
		Staten Island	
Visit our website for additional information and resources. visionloss.nv.gov		Bronx	**NYSCB 163 W. 125th St. Suite 1315 New York, NY 10027 Phone: (212) 961-4440**
		Queens *(Western)*	
		Manhattan *(North of 23rd St.)*	