Association for the Blind and Visually Impaired SC

CLIENT REFERRAL FORM

I am interested in the following program

- ☐ Personal Enrichment Services (independence related services, all clients)
- ☐ Vocational Rehabilitation Services (employment related services)

Applicant's Basic Information

First Name:_____Last Name:_____Middle Initial:_____

DOB:_____ Age:_____

Street Address:_____Apt. Number:_____

City:_____State:_____Zip:_____County:_____

Email:_____Cell Phone:_____

Home Phone:_____Work Phone:_____

Applicant's Personal Information

This information is for statistical purposes only and will not be used to determine eligibility for services. This information is required because it helps us receive grants that support the services we offer.

Race:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Caucasian or White
- ☐ Native Hawaiian or Pacific Islander
- ☐ Other:_____

Gender:

- ☐ Female
- ☐ Male

Sexual Orientation: (OPTIONAL)

- ☐ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Transgender
- ☐ Prefer not to disclose

Marital Status:

- ☐ Single
- ☐ Separated
- ☐ Married
- ☐ Divorced
- ☐ Widow

Household Income:

- ☐ Under $24,000
- ☐ $24,001 - $40,000
- ☐ $40,001 - $50,000
- ☐ $50,001 - $64,000
- ☐ $64,001 plus

Number of People in Household:_____

Preferred Language

- ☐ English
- ☐ Spanish
- ☐ American Sign Language
- ☐ Other: _____

Are you a Veteran?

- ☐ Yes
- ☐ No

Employed:

- ☐ Yes
- ☐ No

Preferred Document Format:

- ☐ Regular print
- ☐ Large print
- ☐ Braille
- ☐ Email

How Did You Hear About Us?

- ☐ Current Client
- ☐ SC Commission for the Blind
- ☐ Low Vision Doctor
- ☐ Media
- ☐ Other_____

Have You Ever Received Services from ABVI?

- ☐ Yes, When?_____
- ☐ No
- ☐ Not Sure

Emergency Contact:_____

Relationship to Client:_____

Contact Address:_____

Contact Cell Phone:_____

Client Code of Conduct

The purpose of the Client Code of Conduct is to ensure that program Clients, Volunteers and Staff have a positive and constructive experience with ABVI.

As an ABVI Client:

- I will set a good example with a positive attitude.
- I will demonstrate integrity in everything I do.
- I will handle myself professionally while at ABVI or when representing ABVI.
- I will respect clients, staff, teachers, volunteers and myself while at ABVI.
- I specifically grant ABVI permission to use my likeness, voice and words in media outlets for the purpose of public awareness or communicating the purpose of activities of ABVI.
- I grant ABVI permission to keep track of services through the Apricot Database and share with community partners.

I would like to become a client of ABVI-Charleston.

Client's Signature: _____ Date: _____
Signature of Guardian: _____ Date:_____
(required for minors of it client is unable to sign)

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I understand that:

- The information I provided will be verified, including by a national agency/SLED criminal background check, and I give permission to ABVI to make inquiries of others concerning my suitability to be an ABVI Client;
- I release ABVI, all persons, organizations or government agencies for any damages of, or resulting from, furnishing such information;
- In the course of associating with ABVI I may obtain confidential information of other individuals and I agree to keep said information in the strictest confidence;
- The relationship between ABVI and Clients is an 'at will' agreement, and it may be terminated at any time without cause by either ABVI or the Client;
- I grant ABVI permission to use my likeness, voice and works in television, radio, online and film or in any form to promote activities of ABVI;
- A criminal background check may be completed every so often while I am an active Client with ABVI;
- I have read and acknowledged that I understand and will abide by the Client Code of Conduct, and I will abide by all ABVI requirements respecting any ABVI program or activity for which I choose to participate.

ABVI – CHARLESTON RELEASE AND WAIVER OF LIABILITY

- In consideration of participating in ABVI programs and activities I represent that I understand the nature of the programs activities and that I am qualified, in good health and in proper physical condition to participate. I fully understand the programs and activities involve risks of seriously bodily injury which may be caused by my own actions or inactions, by the actions of others participating or by conditions in which the programs and activities takes place. I fully accept all such risks and all responsibilities for losses, costs and/or damage I may incur as a result of my participation. I acknowledge if that at any time I feel the conditions are unsafe, I will discontinue participation immediately.
- If during my participation in ABVI programs and activities I should need emergency medical treatment and I am not able to give my consent for or make my own arrangements for that treatment because of my injuries, I authorize ABVI to take whatever measures are necessary to protect my health and well-being including, if necessary, hospitalization.
- I release, indemnify, covenant not to sue and hold harmless ABVI, its administrators, directors agents, officers, volunteers, clients, sponsors, advertisers, other participants and, if applicable, any owner or lessor of premise on which the activity takes place(collectively, "Releasees") for all liability, any losses, claims, demands, costs or damages that I may incur as a result of participation in ABVI events, programs and/or activities and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement:, I or anyone on my behalf, makes a claim or claims against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may occur as a result of such a claim.
- Permission must be granted by ABVI for a minor to accompany me and/or to participate in any event, activity or program. When accompanied by a minor or minors, I accept all of the above herein Release and Waiver of Liability, Assumption or Risk and Indemnity Agreement on their behalf.

I affirm that I have read the above and that the information I have given is true and complete. Furthermore, I agree to notify ABVI if any information changes.

Applicant Signature _____ Date _____
Guardian Signature _____ Date _____
(required for minors or if client unable to sign)

Association for the Blind and Visually Impaired SC

Report of Eye Examination

Please take this form to your vision care professional and have him/her fill it out and sign it, then mail it or fax it to us at (843) 577-4312 to complete your client application.

Name of Patient: _____ **Date of Birth:** _____

*******Visual Acuity Information*******

Distant Vision:	Right Eye Without Correction	_____	Left Eye Without Correction	_____
	Right Eye Best Correction	_____	Left Eye Best Correction	_____
Visual Field:	Right Eye (OD)	_____	Left Eye (OS)	_____

IS THE PATIENT LEGALLY BLIND? YES _____ NO _____

If the patient is not legally blind, is the patient visually impaired or could become legally blind due to a progressive condition? YES _____ NO _____

Present ocular condition responsible for visual impairment:

OD:

OS:

*******Recommendation for Patient*******

Next Visit Scheduled? Yes _____ No _____ If So, Date of Visit _____

_____
Name of Eye Care Professional (**PRINT**)

_____
Signature of Eye Care Professional
For electronic signature, type your name in the box above.

_____
Practice Name and Address

Please return to:
Association for the Blind and Visually Impaired South Carolina
1 Carriage Lane, Building A. Charleston, South Carolina 29407

Association for the Blind
and Visually Impaired SC
One Carriage Lane, Building A
Charleston, SC 29407

FREE MATTER FOR THE BLIND
AND PHYS. HANDICAPPED
POSTAL MANUAL PART 138