Disclosure of No-Cost Public Services for Individuals Who Are Blind or Visually Impaired

Revised 07/13/2026

This form is provided to you prior to agreeing to pay for any fee-based services.
Please read carefully before signing.

Disclosure of Publicly Available Services

Some or all of the services being offered to you **may be available at no cost** through a public agency such as the **Division of Blind Services** or contracted provider programs.

You are **not required** to purchase services from this provider before exploring services that may be available to you at no cost.

Services provided by the Division of Blind Services and/or Contracted Providers include:

- Early childhood intervention
- Family support and early literacy (birth–5)
- Self-advocacy and communication skills
- Social skills training
- Sensory and mobility skills training
- Independent living skills training
- Educational assessment
- IEP coordination
- Transition planning
- Assistive technology and adaptive devices
- Low vision services
- Counseling and guidance
- Adjustment-to-blindness support
- Vocational evaluation
- Career exploration
- Job readiness training
- Job placement and job coaching
- On-the-job training
- Entrepreneurial opportunities
- Information and referral
- Accessible reading and library services

For a complete description of available services and programs, please contact the Florida Division of Blind Services or visit https://dbs.fldoe.org/.

Division of Blind Services Contact Information

To learn more about services that may be available to you at no cost, contact the Division of Blind Services:

Phone: 850-245-0300
Toll Free: 800-342-1828
Email: knowyourrights@dbs.fldoe.org
Website: https://dbs.fldoe.org

Accessible Format Availability

You may request this disclosure in an **accessible format** including:

- ☐ Large Print
- ☐ Braille
- ☐ Audio
- ☐ Electronic/Screen-reader compatible

Acknowledgment and Consent

By signing or electronically acknowledging below, you confirm that:

- You received this disclosure before signing a contract for a fee-based service or making a payment.
- You understand that similar services may be available at no cost through the Division of Blind Services or another public agency.
- You had the opportunity to ask questions and seek additional information.

Consumer or Representative Information

Name (Print or Type):	**Relationship:**
Signature / Electronic Acknowledgment: ☐ Accepted	
Signature (or Representative Signature): _____	**Date:**

Provider Certification

I certify that this disclosure was provided in accordance with applicable law **before entering into a contract for a fee-based service or accepting payment**.

Provider Name (Print or Type):	**Date:**
Provider Representative:	**Provider Representative's Signature:** _____