

# Senior Equipment and Training Project Request Form and Instructions

**Revised: 8/29/2024**

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Please read the instructions carefully. If you have questions, please send an e-mail to [SET@dbs.fl DOE.org](mailto:SET@dbs.fl DOE.org).

## Instructions:

This form must be completed in its entirety, *in electronic form (not printed on paper)*, to be considered for assistance for up to \$2,500.00. The eye medical report, CS-017 Authorization to Release Information to the Blind Services Foundation (BSF), and the vendor quote must be included at the time of submission.

**Date of Request:** Date this form is being completed.

**DOB:** Applicant's date of birth

**Age:** Applicant's age.

**PID:** Participant Identification Number in the Aware Case Management System.

**Requester Entity:** Select the appropriate requester entity. ***NOTE: The BSF ONLY accepts submissions from a DBS or CRP representative.***

**First Name:** Applicant's First Name.

**Last Name:** Applicant's Last Name.

**Address:** Applicant's Street address. Be sure to include apartment, unit, lot, or parcel information. This address may be used for shipping purposes.

**City:** City where applicant resides.

**County:** County where applicant resides.

**Zip Code:** Applicant's zip code.

**Phone Number:** Applicant's telephone number.

**Email Address:** Applicant's E-mail address.

**Is Applicant a U.S. Citizen:** Select (Yes/No) from the dropdown.

**If not list status:** List legal status if applicant is not a U.S. citizen. ***NOTE: Non-US citizens will be required to verify their immigration status.***

**Is the applicant a current or former client of DBS:** Select (Yes/No) from the dropdown.

**If 'Yes' to the above:** Have they discussed this request with their counselor (Yes/No).

**Eye Condition:** What is the applicant's visual diagnosis?

**Visual Acuity:** What is the applicant's visual acuity?

**Recommendation of Need:** Enter a narrative describing applicant's needs that supports the request being submitted. Narratives should be detailed and include how, what, and why the item requested will benefit the individual. ***Product descriptions ARE NOT acceptable justifications.***

**Will the applicant require training to use this device?** Select (Yes/No) from dropdown.

**Who will provide the necessary training:** Name of person or agency to provide training.

**Where will the training take place?** Location where training will be given.

**Hours of training required:** Enter the estimated number of hours of training needed.

**Name of Product:** Enter the name of the product requested along with specifications.

**Vendor:** Name of the equipment seller or retailer from whom the item will be purchased.

**Item Price:** How much does the item cost?

**Shipping Cost:** How much will it cost to ship the item?

**Total Cost:** Price of item plus shipping. This is the total price listed on the quote. Quotes should be itemized to the greatest extent possible.

**Requester's Name:** Enter the name of the person making this request on behalf of the applicant. Requester may be a DBS or a CRP representative.

**District:** Enter the Division of Blind Services (DBS) district office that corresponds to this request.

**Completed forms and corresponding documentation must be emailed to:**

**[SET@DBS.FLDOE.ORG](mailto:SET@DBS.FLDOE.ORG)**

## Applicant Information

Date of Request:		DOB:	Age:
PID in Aware:		Requester Entity:	
First Name:		Last Name:	
Address:			
City:	County:		Zip code:
Phone Number:		Email address:	
Is applicant a U.S. Citizen?		If not list status:	
Is the applicant a current or former client of DBS?		If they are a current DBS client, have they discussed this request with their counselor?	
Eye Condition:		Visual Acuity:	

## Recommendation of Need:

Specify the assistive technology needs of the applicant, how the device was selected, and how it will help with their independent living needs? Be detailed. A product description is not a justification of need.

Training Needs	Will the applicant require training to use this device?		
	Who will provide the necessary training?		
	Where will the training take place (Home/Lighthouse)?	How many hours of training are required?	
Name of the Product and its Specifications			
Vendor:			
Item Price:		Shipping Cost:	Total Cost:
Requester's Name:			District: