

CS-001 Application for Services (English)

Revised 02/04/2026



DIVISION OF BLIND SERVICES

Florida Department of Education | dbsfldoe.org

Florida Department of Education Division of Blind Services Social Security Number Collection Policy

In compliance with Section 119.071(5), Florida Statutes, this statement serves to notify you of the purpose for the collection and usage of your social security number by the Florida Department of Education, Division of Blind Services ("Division").

You will be asked to provide your Social Security Number (SSN) on this application. Social Security Numbers are collected as part of the process of helping blind or visually impaired individuals gain meaningful employment and thereby increase their independence and self-sufficiency. If you choose not to provide your SSN on this form, the Division will contact you for your SSN and any additional information that may be needed to complete the application process.

I am interested in the following program or service (check only one):

- Blind Babies Program (Birth to Age 5)
- Children's Program (Age 5 to Age 13)
- Independent Living (Age 18 and over: Adult and Older Blind)
- Vocational Rehabilitation (Age 14 and Over)

Specific Services (check all that apply):

- Orientation and Mobility
- Braille Instruction and Communication Services
- Assistive Technology Services
- Home and Personal Management Services
- Student Readiness Services
- Employment Services
- Supported Employment Services
- Self-Employment Services
- Business Enterprise Services
- Transition Services (Pre-Employment Age 14 to Age 21)
- I am not sure

Participant's Personal Information:

Last Name: First Name: Middle Initial:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/A		Date of Birth: SSN:
Address, City, State, Zip:		County:
Directions to Home:		
Home Phone:		Cell Phone:
Work Phone:		
E-mail Address:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Language Spoken:		
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, list status:	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Voter: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race (check all that apply):		
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian or White		<input type="checkbox"/> Hispanic or Latino (select another as well) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Not Available
Highest Level of Education:		Last School Attended and Date:
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time or Part Time: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job Title:

Medical Information:			
Eye Condition:	Visual Impairment in Both Eyes:		
Eye Physician:	Date Last Seen:		
Secondary Disabilities:			
Services Information:			
Have you received services from this agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:			
I would like information in: <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print <input type="checkbox"/> Email <input type="checkbox"/> Braille			
Additional Comments:			
Disclosure and Signature:			
<input type="checkbox"/> This application is being submitted to apply for services from the Division of Blind Services, and all eligibility is determined without regard to race, color, religion, sex, national origin, age, marital status, or disability.			
Applicant's Signature:			
Date:			
Parent or Guardian Signature Information (if applicable):			
Parent or Guardian Signature:			
Date:			
Last Name:	First Name:	Phone:	Relationship:
Other Signature (if applicable):			
Affiliation/Company Signature:	Submitter:	Date:	

Office Addresses and Phone Numbers

Cocoa

Division of Blind Services
1970 Michigan Avenue, Building A-2
Cocoa, FL 32922
Main Number: (321) 634-3680
Toll Free: (877) 506-2729

Daytona Beach

Division of Blind Services
1185 Dunn Avenue
Daytona Beach, Florida 32114
Main Number: (386) 254-3800
Toll Free: (800) 329-3801

Fort Myers

Division of Blind Services
5256 Summerlin Commons Way, Suite 201
Ft. Myers, FL 33907
Main Number: (239) 278-7130
Toll Free: (800) 219-0180

Gainesville

Division of Blind Services
3620 NW 43rd Street, Suite C
Gainesville, FL 32606-8100
Main Number: (352) 955-2075
Toll Free: (800) 443-0908

Jacksonville

Division of Blind Services
1809 Art Museum Drive, Suite 201
Jacksonville, FL 32207
Main Number: (904) 348-2730
Toll Free: (800) 226-6356

Lakeland

Division of Blind Services
402 S. Kentucky Avenue, Suite 340
Lakeland, FL 33801
Main Number: (863) 499-2385
Toll Free: (877) 728-7738

Miami

Division of Blind Services
401 N.W. 2nd Avenue, Room S-712
Miami, FL 33128
Main Number: (305) 377-5339
Toll Free: (888) 529-1830

Orlando

Division of Blind Services
400 W. Robinson Street, S1026
Orlando, FL 32801-1784
Main Number: (407) 245-0700
Toll Free: (866) 841-0928

Palmetto

Division of Blind Services
600 8th Avenue, W., Suite 401
Palmetto, FL 34221
Main Number: 941-721-2914
Toll Free: 800-500-6412

Panama City

Division of Blind Services
2505 W. 15th Street, Suite B
Panama City, FL 32401
Main Number: (850) 872-4181
Fax: 850-747-5399

Pensacola

Division of Blind Services
600 University Office Blvd., Bldg 17
Pensacola, FL 32504
Main Number: (850) 484-5122
Fax: (850) 484-5129

Sunrise

Division of Blind Services
7771 W. Oakland Park Blvd. Suite 185
Sunrise, Florida 33351
Main Number: (954) 746-1770
Fax/DSL Line: (954) 746-1777

Tallahassee

Division of Blind Services
3900 Commonwealth Blvd.
Douglas Bldg. Suite 351
Tallahassee, FL 32399
Main Number: (850) 245-0370
Toll Free: (800) 672-7038

Tampa

Division of Blind Services
1313 North Tampa Street Suite 106
Tampa, FL 33602
Toll Free: (800) 757-7190
Fax: (813) 871-7161

West Palm Beach

Division of Blind Services
400 N Congress Avenue, Suite 305
West Palm Beach, FL 33401
Main Number: (561) 681-2548
Toll Free: (866) 225-0794

Statewide Office (Tallahassee)

Division of Blind Services
325 West Gaines Street
Turlington Building, Suite 1114
Tallahassee, FL 32399-0400
Main Number: (850) 245-0300
Toll Free: (800) 342-1828