

# CS-001 Application for Services (English)

Revised 02/04/2026



**DIVISION OF BLIND SERVICES**  
Florida Department of Education | [dbs.fldoe.org](http://dbs.fldoe.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:**

<b>Last Name:</b>		<b>First Name:</b>		<b>Middle Initial:</b>									
<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> N/A		<b>Date of Birth:</b>		<b>SSN:</b>									
<b>Address, City, State, Zip:</b>				<b>County:</b>									
<b>Directions to Home:</b>													
<b>Home Phone:</b>		<b>Cell Phone:</b>		<b>Work Phone:</b>									
<b>E-mail Address:</b>		<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		<b>Language Spoken:</b>									
<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If not, list status:</b>		<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Registered Voter:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Race (check all that apply):</b> <table border="0" style="width: 100%;"><tr><td><input type="checkbox"/> American Indian or Alaskan Native</td><td><input type="checkbox"/> Hispanic or Latino (select another as well)</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td></tr><tr><td><input type="checkbox"/> Black or African American</td><td><input type="checkbox"/> Not Available</td></tr><tr><td><input type="checkbox"/> Caucasian or White</td><td></td></tr></table>						<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino (select another as well)	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Available	<input type="checkbox"/> Caucasian or White	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino (select another as well)												
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander												
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Available												
<input type="checkbox"/> Caucasian or White													
<b>Highest Level of Education:</b>				<b>Last School Attended and Date:</b>									
<b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Full Time or Part Time:</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<b>Job Title:</b>										

<b>Medical Information:</b>			
<b>Eye Condition:</b>		<b>Visual Impairment in Both Eyes:</b>	
<b>Eye Physician:</b>		<b>Date Last Seen:</b>	
<b>Secondary Disabilities:</b>			
<b>Services Information:</b>			
<b>Have you received services from this agency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>If yes, when:</b>
<b>I would like information in:</b> <input type="checkbox"/> Regular Print <input type="checkbox"/> Large Print <input type="checkbox"/> Email <input type="checkbox"/> Braille			
<b>Additional Comments:</b>			
<b>Disclosure and Signature:</b>			
<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.			
<b>Applicant's Signature:</b>			<b>Date:</b>
<b>Parent or Guardian Signature Information (if applicable):</b>			
<b>Parent or Guardian Signature:</b>			<b>Date:</b>
<b>Last Name:</b>	<b>First Name:</b>	<b>Phone:</b>	<b>Relationship:</b>
<b>Other Signature (if applicable):</b>			
<b>Affiliation/Company Signature:</b>		<b>Submitter:</b>	<b>Date:</b>

## 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