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## FREE SERVICES FOR THE VISUALLY IMPAIRED AND BLIND

### REFERRAL FORM

Please complete this form for yourself or for someone else, then email, mail or fax it to the Lighthouse.

#### Section 1: Person making the referral

Contact name: \_\_\_\_\_  
Relationship to the referred: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_

#### Section 2: Person with the visual impairment

Name: \_\_\_\_\_  
Age: \_\_\_\_\_  
Person to contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
\_\_\_\_\_

#### Medical Information (if available)

Diagnosed eye condition: \_\_\_\_\_  
Acuity: O.D.: \_\_\_\_\_ O.S.: \_\_\_\_\_ O.U.: \_\_\_\_\_  
Peripheral field loss: Yes:  No:   
Degree of field loss: \_\_\_\_\_

#### Recommended Lighthouse Services

- |   |  |
|---|--|
| <input type="checkbox"/> Independent Living Skills Training | <input type="checkbox"/> Support Group   |
| <input type="checkbox"/> Orientation & Mobility Training    | <input type="checkbox"/> Job Readiness/Vocational Services                                     |
| <input type="checkbox"/> Counseling                         | <input type="checkbox"/> Assistive Technology Training<br>(computers, iPad, smart phone, etc.) |

The mission of the Lighthouse is to educate, empower, and employ people who are visually impaired and blind. Thank you for your support.

Updated 06/17/20