



Independent Living Resource Center, Inc.

3620 W. Truman Blvd. • Jefferson City, MO 65109-6125 • www.ilrcjcmo.org
Voice 573-556-0400 / TTY 573-634-3876 / Toll Free 877-627-0400 / Fax 573-556-0402

APPLICATION FOR LOW-VISION/BLIND SERVICES THROUGH ILRC, Inc.

Name: _____ Date of Application: _____

Address: _____

Telephone number: _____ Other number: _____

Please tell us what your are requesting from the Low-Vision/Blind Services:

_____ Transportation How many miles is it one-way to this appointment? _____

_____ Equipment What type? _____

How did you find out about this equipment? _____

How do you know it will work for you? _____

What is your corrected vision? _____ 20/200 or worse (Circle)

How did your hear about our program? _____

YOU MUST ATTACH AN EYE DOCTOR'S NOTE STATING YOU ARE LOW-VISION/BLIND AND WHY YOU NEED THIS SERVICE. IF YOU ARE APPLYING FOR TRANSPORTATION TO A DOCTOR'S APPOINTMENT, PLEASE PROVIDE US WITH PROOF YOU RECEIVE BLIND PENSION FUNDS. YOU ALSO MUST FILL OUT ALL OF ILRC'S REGULAR TRANSPORTATION PAPERWORK.

Please turn this in to the office at ILRC, P.O. Box 6787 (3620 W. Truman Boulevard), Jefferson City, MO 65102. Call us with questions at 573-556-0400 or 1-877-627-0400. We will contact you as soon as we have made a decision.