To be considered for the Independent Living Older Blind (ILOB) program, an individual must:

* Be 55 or older,
* Find it extremely difficult or be unable to be employed,
* Have a condition in which the visual acuity is 20/70 or poorer in the better seeing eye with correction or have better than 20/70 in the better eye but a limit to the visual field of at least 40 degrees; and
* Be able to benefit from services to obtain or maintain living independently.

If you have any questions about a potential referral, please call 614-438-1203.

Once this form is completed, Email to: ILProgram@ood.ohio.gov or

Fax to: 614-985-7914.

**Information for Individual being Referred:**

Name (Last, First, MI):

Street Address:

City, State and Zip:

Phone Number:

Alternate Phone Number (if applicable):

Date of Birth (mm/dd/yyyy):

Social Security Number:

Description of diagnosis impacting vision:

Additional Information (i.e.: hearing impaired, non-English speaking, special notes, etc.):

**Information for the Referral Source:**

Name (Agency or individual):

If Agency, contact person’s name:

Phone Number:

Date:

**If a doctor is making the referral, please complete this section including signature and date**:

Date seen in the office:

Pathology:

Legally Blind (yes or no):

Visual Acuities: OD:       OS:

Field of Vision (in degrees): OD:      OS:

Printed Doctor Name License Number

Doctor Signature Date

If you are a referring doctor, please attach the latest eye exam report that has pathology, acuities, and any restriction to visual fields.