

Support Service Provider Program Application for Services

The Division of Services for the Blind and Visually Impaired (DSBVI)
250 N 1950 W Ste. B
Salt Lake City, UT 84116

Date: _____

Please tell us about yourself

Name	
Date of Birth	
Street Address	
City, State, ZIP Code	
Phone Number	
This is:	<input type="checkbox"/> VP <input type="checkbox"/> Voice <input type="checkbox"/> Text <input type="checkbox"/> TTY
E-Mail Address	

Do you use a Service Animal? Yes No

How do you communicate?

I use Hearing Aids Yes No

I use cochlear Implant Yes No

* If you use a cochlear implant, when did you get your implant?

What is your preferred style of communication?

Speech Sign Language

I use:

- American Sign Language (ASL)
- Signed English
- Finger Spelling
- Spoken English
- Other:

I am more:

Visual Tactile

I use the following technology:

- Smart Phone
- Computer
- Texting Phone
- Fax
- Other:

How is your Eyesight?

Eye Condition:

Eye Physician:

Date Last Seen:

(Please Submit Report)

I prefer to receive mail in:

- Regular Print
- Large Print
- Braille
- Other:

How is your hearing?

Severity of
hearing loss:

Audiologist/
Otologist:

Date Last Seen:

(Please Submit Report)

Additional Requests?

Ex. Female SSP/
Weekend apts./
etc.

Required Reports

- Vision
- Hearing
- HKNC Report showing applicant registered as Deafblind

- I am not being served by any district educational system and do not have an IEP.
- I am not receiving services from the Division of Services for People with Disabilities (DSPD).
- I am a current resident of Utah or am working towards residency.

I have had the DBSSP Program explained to me by the Deafblind Specialist and agree to comply with the regulations as written in the Deafblind Support Service Provider Guidelines.

Signature

Date