

.....
Consumer Information and Consent Form

Name: _____

Gender: _____

Ethnicity: _____

Eye Condition: _____

Age: _____

Date of Birth: _____

Address: _____

Phone: _____

City: _____

Zip Code: _____

Items Dispensed

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Small
Signature
Guide | <input type="checkbox"/> Large Print
Playing Cards | <input type="checkbox"/> Keychain
Talking Clock | <input type="checkbox"/> Indoor
Sunglasses
NoIR 711 |
| <input type="checkbox"/> Check Writing
Guide | <input type="checkbox"/> Large Print
Calendar | <input type="checkbox"/> Outdoor
Sunglasses
NoIR 701 | <input type="checkbox"/> Communication
Center Sign-up
Form |
| <input type="checkbox"/> 20/20 Bold Pen | <input type="checkbox"/> Large Button
Telephone | <input type="checkbox"/> Outdoor
Sunglasses
NoIR 702 | <input type="checkbox"/> Vision Aid
Source Form |
| <input type="checkbox"/> 1 Inch Bold
Lined Paper | <input type="checkbox"/> Large Print
Crossword
Puzzle Book | <input type="checkbox"/> Indoor
Sunglasses
U88 | <input type="checkbox"/> TED Program
Brochure |
| <input type="checkbox"/> Bump Dots | <input type="checkbox"/> Large Print
Kitchen Timer | | |
| <input type="checkbox"/> 3x Illuminated
Pocket
Magnifier | | | |

Current vision loss may warrant further intervention

The senior wishes to be contacted by SSB

The senior does not wish to see SSB

Notes:



I understand that the information I am providing on this form is for recording and reporting purposes. The information will be used by MN State Services for the Blind and the _____ to create statistical reports that will not identify me as an individual. I understand that I am not required to sign this form. By not signing this form, I understand that the community partner visiting me today is unable to leave any low vision aids and devices with me. This information will not be released to anyone other than the above-mentioned parties in any way that will identify me as an individual unless SSB is required to do so by court order or legislative auditor. For any other purpose, I will be asked to sign a separate consent form.

Signature: _____ Date: _____

Verbal Consent Obtained by: _____ Date: _____