



LIGHTHOUSE *for the* BLIND

10440 Trenton Avenue | Saint Louis, Missouri 63132
800.542.3697 | 314.423.4333 | lhbindustries.com

NIGHT ORIENTATION & MOBILITY SERVICES
A Supplemental Program Providing O&M Evaluation and Instruction after Dark
(Ages 12 – College Graduation)
APPLICATION FOR SERVICES

Date _____

How did you hear about the program? _____

Student's Name _____ D.O.B. _____

Address _____ Phone _____

City _____ County: _____ State _____ Zip _____

E-mail Address _____

Parent/Guardian _____ Work _____

Address _____ Phone _____

E-Mail Address _____

Emergency Contact Name _____

Phone Number _____ Alternate Number _____

Emergency Contact Name _____

Phone Number _____ Alternate Number _____

Eye Condition(s) _____

Eye Dr. (s) _____

Visual Acuity: _____

Reading Mode: _____ Braille _____ Large Print _____ Auditory _____ Other _____

Other Health Conditions _____

List Any Food Allergies _____

Current or most recent O&M Instructor _____

Phone _____

Email of O&M Instructor: _____

Current or most recent Vision Teacher _____

Phone _____

Email of Vision Teacher _____

School District _____ **School** _____

School Address _____

City _____ **State** _____ **Zip** _____

Grade _____

Does the student use: _____ **White Cane** _____ **Sighted Guide** _____ **Wheelchair/Walker**

Reason for applying _____

How many hours per month does the student receive O&M instruction? _____

If none, when was the student last evaluated or given lessons in O&M? _____

Briefly describe the student's daytime travel behavior/needs. (For example, "uses a cane to travel alone to classes in school, never goes anywhere else w/out holding an adult's arm").

Briefly describe the student's night travel behavior/needs _____

Has the student ever had a night O&M lesson? Yes _____ No _____ If Yes, please describe results

**Are night O&M lessons currently available to the student through the district or current provider?
Yes _____ No _____ If Yes, please describe**

List all O&M devices currently prescribed or in use (Example: Long cane, 4x Monocular, Trekker Breeze, etc.)

Does the student have an open case with Rehabilitation Services for the Blind _____ Yes _____ No

If so: Staff Person _____ Phone _____

Office Location _____

Does the student participate in any other programs sponsored by Lighthouse for the Blind?

Yes _____ No _____ If yes, please list programs: _____

Please Note:

This program is addressing extracurricular and non-academic setting and skills commensurate with “non-disabled peers”.

The O&M specialist will not knowingly offer professional services to a person receiving O&M instruction from another O&M specialist, except by agreement with the other specialist or after the other specialist has ended instruction with the learner.

The O&M specialist will not assume responsibilities outside the Scope of Practice that are better provided by other professionals who are available to the learner.

The O&M specialist who is responsible for education and professional preparation programs will take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences for students enrolled in such programs, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program

*Mail or email the completed application **AND** a copy of your most recent IEP **AND** current eye report from doctor and any other evaluation documentation to Angie Yorke, Lighthouse for the Blind, 10440 Trenton Avenue, St. Louis, MO 63132 or email ayorke@lhbindustries.com*



Publicity Release

I hereby authorize and give permission for my child's name, photograph, or other identifying information (such as age, eye condition, etc.) used by the Lighthouse for the Blind – St. Louis for publicity purposes. I understand such uses may include brochures, newsletters, press releases, or written stories. I further understand some uses may be for information and material sent to other organizations/companies (newspapers, television, radio, etc.).

Release of Information

I hereby authorize and give permission to the Lighthouse for the Blind – St. Louis to obtain or provide information to my child's school district, optometrist/ophthalmologist, and/or Rehabilitation Services for the Blind (RSB) for programming and collaboration.

Transportation

I hereby authorize and give permission to Lighthouse for the Blind to provide transportation for my child for purposes of participating in programming in the community. I understand such activities may include transportation in a vehicle owned or rented by Lighthouse for the Blind and will be accompanied by the O&M Instructor or a Lighthouse for the Blind staff member.

General Liability Waiver

I, _____, being the parent/legal guardian of _____, do hereby consent to his/her participation in voluntary functions sponsored and/or organized by the Lighthouse for the Blind – St. Louis. I understand that he/she is responsible for his/her behavior. I do hereby waive and release, the Lighthouse for the Blind – St. Louis, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward's participation in Lighthouse for the Blind – St. Louis, and or functions

Release to Seek Medical Treatment

In the event of a medical emergency, I do hereby consent to the Lighthouse for the Blind – St. Louis releasing my child/ward to the nearest, most appropriate medical professional available. I understand that the Lighthouse for the Blind – St. Louis will notify me of such an event immediately after they have sought proper medical treatment for my child/ward at the following phone number: _____.

Parent / Guardian

First Name: _____ Last Name: _____

Relationship to Participant: _____

Signature: _____ Date: _____