



REFERRAL FOR BUREAU OF SERVICES FOR BLIND PERSONS (BSBP) SERVICES

The following information is necessary to establish a referral for BSBP services. Upon submitting the requested information, the individual or guardian of the individual seeking services will be contacted by a BSBP representative who will complete the referral, provide program information, and assign a Rehabilitation Professional to discuss service needs.

Personal Information of the Individual Requiring Services			
Last Name	First Name	Middle Initial	Date of Birth

Note: The individual's Social Security number is not required. However, it may be requested when a BSBP representative makes contact based on program requirements.

Contact Information		
Street Address		Zip Code
City	State	County
Primary Phone	Email	

Communication Preference	
Primary Language <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:	Preferred Method of Communication <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Braille <input type="checkbox"/> Electronic <input type="checkbox"/> Large Print <input type="checkbox"/> Other:



Program Selection – Please Choose One

- ☐ Youth Low Vision: I am a parent or guardian of a child aged 13 or younger and wish to obtain wearable low-vision devices for them.
- ☐ Pre-Employment Transition Services: I am a parent or guardian of a student aged 14 - 26 or I am a student aged 18 - 26 and wish to pursue transition services.
- ☐ Vocational Rehabilitation: I am over 18 or the guardian of someone 14 or older who desires employment services.
- ☐ Independent Living Older Blind: I am 55 or older and do not wish to obtain employment, but desire skills to retain independence in my home and community.
- ☐ Independent Living Part B: I am (or am the parent or guardian of an individual) aged 14 or older who has significant disabilities, am unable to obtain employment, but desire services to live in the least restricted environment while being included in my community and enhancing my quality of life.
- ☐ Information and Referral: I am a professional practitioner (education, medical, social worker, etc.) or family relative/friend requesting program information on behalf of the identified individual.

Parent / Guardian Information (if applicable)

First Name	Last Name	Middle Initial
<input type="checkbox"/> Guardian <input type="checkbox"/> Parent	Phone	Email

Thank you for providing this information.

Complete, Attach, and Return Form:

By Email: LEO-BSBP-CustomerAssistance@michigan.gov

By Mail: Bureau of Services for Blind Persons
702 W. Kalamazoo Street,
P. O. Box 30652
Lansing, MI 48909

By Fax: 517-335-5140