STATE OF CONNECTICUT
Department of Aging and Disability Services
Bureau of Education and Services for the Blind (BESB)
184 Windsor Avenue, Windsor, CT 06095-4536
Phone: 860-602-4000 Toll-free: 800-842-4510 Fax: 860-706-5809
https://portal.ct.gov/aginganddisability

BESB USE ONLY	
SW	
ID	

Per **Sec. 17a-819. (Formerly Sec. 10-305). Reports of persons who are blind.** Each physician, advanced practice registered nurse and optometrist shall report in writing to the Department of Aging and Disability Services not later than thirty days after a person who is blind comes under his or her private or institutional care within this state. The report of such person shall include the name, address, Social Security number, date of birth, date of diagnosis of blindness and degree of vision. Such reports shall not be open to public inspection.

Sec. 17a-811. (Formerly Sec. 10-294a). Legal blindness. Impaired vision. Defined. (a) A person is legally blind if such person's central visual acuity does not exceed 20/200 in the better eye with correcting lenses, or if such person's visual acuity is greater than 20/200 but is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than twenty degrees; (b) A person has impaired vision if such person's central visual acuity does not exceed 20/70 in the better eye with correcting lenses.

PATIENT INFORMATION

Title:		First Name:		MI:		Last Name:	
Date of Birth:		Gender:				Social Security #:	
Street Address:						Apt./Unit #:	
City:				Zip:			
Best Phone#:		Other Phone #:				Email:	

CONTACT PERSON	Is this an Emergency Contact? Y ☐ N ☐	Relationship:	
Full Name:		Phone #:	

Distance Acuity with Best Correction:	
OD:	
OS:	

Prognosis:		
	Stable ☐	Guarded ☐
	Recovering ☐	Unknown ☐
	Progressive/Deteriorating ☐	

BESB USE ONLY			
Unknown ☐		Known ☐	
Adult ☐		Child ☐	
LB ☐	VI ☐	NVI ☐	VIP ☐

Visual Field:	**Unknown** ☐
No Limitation ☐	
Degrees Remaining OD:	
Degrees Remaining OS:	

Diagnosis (ICD Code):		
Primary:	OD:	
	OS:	
Secondary:	OD:	
	OS:	

Is this Patient **Legally Blind**?	**Y** ☐ **N** ☐	If not Legally Blind, does Patient have **Impaired Vision**? (central visual acuity does not exceed 20/70 in the better eye with correcting lenses)	**Y** ☐ **N** ☐

If unable to accurately measure acuity or visual field levels, does Patient's **observed functional vision** meet the definition of:

Legally Blind: Y ☐ **N** ☐ **Impaired Vision: Y** ☐ **N** ☐

Please note that when a determination of legal blindness or visual impairment has been made as a matter of functionality, BESB staff (or designee) shall also review the person's functional vision before a final eligibility determination is made.

Reason exact measure of acuity or visual field levels could not be obtained:

Date of Exam:		Discipline of Practitioner:	☐ Ophthalmologist ☐ Other M.D. ☐ Optometrist ☐ APRN		
Practitioner Name:			Name of Practice:		
Street:					
City:		Zip:		Phone #:	
Practitioner Signature:				Date:	