Division of Blind Services/Provider Independent Living Services Plan

Participant Name: Robert J Sandefur Plan Goal: To maximize my ability to live independently			
			Pla
1.	Activities of Daily Living		
2.	related Augmentative sl	ersonal Management, Pre Cane, Non Optical Devices, disability kills training to include (O&M, Rehab Teaching and Low Vision Aids) Secondary Disability training. Training	
7.	and daily living needs in Note takers, CCTV, Acc	raining an individual or group to use adaptive devices and technology for communications nd daily living needs including computer, keyboarding, Access software, screen readers, ote takers, CCTV, Accessible Cell Phones, and other similar devices. rientation & Mobility Training	
	Training an individual to move around safely and effectively indoors, outdoors, and in the community.		
	s services plan has been rmation current.	reviewed with me. Also, I agree to keep my contact	
Signature		Date	
Prov	vider Signature	Date	
	DBS District:	West Palm Beach (Unit 10.0)	
	Provider Name:	Lighthouse For The Blind Of The Palm Beaches	
	DBS Case Manager:	Sharon Lucas	
	Participant ID:	33771	

Plan Number: 5 Participant Name: Robert J Sandefur Page: 1 of 2

Plan Number:

5

Plan Type:

Adult Program

Plan Start Date:

10/05/2011

Projected Plan End Date: 07/2012

Services will be provided based on the availability of funding.

A copy of the client rights can be found at the following web site address http://dbs.myflorida.com/.

If you disagree with your plan or have concerns regarding your services, please contact Sharon Lucas, 2000 Palm Beach Lakes Blvd, Suite 300, West Palm Beach, FL, 33409.

Plan Number: 5

Participant Name: Robert J Sandefur

Page: 2 of 2