

## Application for SSP Services

Who is completing this form? \_\_\_\_\_ Today's date: \_\_\_\_\_

*To use SSP services, you must be a client of the  
New Jersey Commission for the Blind & Visually Impaired and eligible for VR services.*

I am a client of the New Jersey Commission for the Blind & Visually Impaired.

ILOB       Deaf-Blind Unit      Counselor: \_\_\_\_\_

I am not a client of the New Jersey Commission for the Blind & Visually Impaired, but I would like to sign up for SSP services.

### Please tell us about yourself

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ This is a:     Voice     VP     Text     TTY

E-mail: \_\_\_\_\_

I am:     Employed    Employer Name: \_\_\_\_\_

A student    School Name: \_\_\_\_\_

Unemployed    Looking for a job:     Yes     No

Retired

Homemaker

I have used an SSP before:     Yes     No

*If yes, where and when?*

### Your living arrangements

I live in a:     Single family home     Multi-family home     Apartment

## Your communication mode

I grew up:  Oral  Culturally Deaf

I use hearing aids.  Yes  No

I use a cochlear implant.  Yes  No

*If you use a cochlear implant, when did you get your implant?*

My preferred way to communicate is:  Speech  Sign Language

*If sign language is your preferred way to communicate, please tell us more.*

I am:  Visual  Tactile

I use:

- American Sign Language (ASL)
- Signed English
- Fingerspelling
- Other: \_\_\_\_\_

I use the following technology:

- Smart phone
- Phone, using speech
- Texting phone
- Fax
- DBC
- Computer
- CCTV
- TTY

## Your eye sight

My eye condition is:

I prefer to receive mail in:

- Regular print
- Large print
- Braille

**Your travel skills**

- I need help to cross the street.  Yes  No
- I use a long white cane.  Yes  No
- I am comfortable using a human guide.  Yes  No
- I use a dog guide.  Yes  No
- I set up my own transportation.  Yes  No

**I use the following kinds of transportation (please check all that apply):**

- Bus  Train  Taxi  Walk  Relative or friend drives me
- Access Link/Client ID #:
- Other transportation service (please list name, phone number and client ID#)

**SSP interests**

**I want an SSP for the following activities:**

- To support me in attending job interviews and training
- To support me in attending meetings, conferences, trainings, night school, continuing education classes, the library
- Doctor, dental, and other medical and mental health appointments
- Daily errands and appointments such as shopping, dry cleaner, post office, reading mail, completing forms, personal finance/banking
- To support me in participating in community activities such as public meetings and events, voting, peer support clubs
- Other: \_\_\_\_\_

**I want this person to be my SSP:** \_\_\_\_\_

**His/her e-mail address is:** \_\_\_\_\_

**His/her phone number is:** \_\_\_\_\_

I prefer my SSP to be:  Female  Male  Doesn't matter

I am a smoker.  Yes  No

I would like to have a regularly scheduled SSP (the same time, the same day every week or every two weeks).  Yes  No

*If yes, please tell us which day of the week you prefer, and what time:*

### Training

*I understand that I must participate in SSP Training before SSP services can begin. These are the accommodations I need to participate in training.*

FM System  Interpreter  Tactile Interpreter  Braille

Other: \_\_\_\_\_

### HKNC National Registry for the Deaf-Blind

*The Helen Keller National Center National Registry is confidential. It is intended to be the official federal census of the adult Deaf-Blind population in the United States. HKNC maintains the registry, and the federal government relies on the census from the registry to determine the allocation of federal resources.*

Please add my name to the Helen Keller National Registry for the Deaf-Blind.

**Return this completed form to:**

**David Rims, SSPNJ Business Manager  
The College of New Jersey  
School of Education  
PO Box 7718  
Ewing, NJ 08628**