



Thank you for contacting Vision Rehabilitation Services of Georgia. Since 1983, we have been teaching people who are visually impaired or blind how to adapt to their vision loss so that they may function independently in their environments.

Please follow these steps:

1. Complete the enclosed application and return it in the pre-addressed envelope provided for you.
2. Please complete the top portion of the doctor/medical information and release forms, sign both and distribute to your doctor. The doctor will then fax their reports to us.

In order to schedule a Low Vision Evaluation with us you need to have had a dilated eye examination within the past 2 years. If you are totally blind, there will be no Low Vision Evaluation.

Once your paperwork has been received by our office, we will call you to schedule your appointment. When you come to your appointment, please bring any magnifiers, glasses, glare control shades, or other aides you are currently using.

We are happy to answer your questions. Please call us at 770-432-7280.



Application for Services

Date:	
Last Name:	
First Name:	
Address:	
City:	
State:	
Zip:	
County:	
Home Phone:	
Cell Phone:	
Email:	
Date of Birth:	
*Gender	
*Race	
*Marital Status	

***Information is used solely for statistical data and kept confidential.**



Are you a veteran?	Yes	No
How did you hear about us?		

If you would like us to contact someone other than yourself to set up your appointment, please list below:

Name:	
Relationship:	
Address:	
City:	
State:	
Zip:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email:	
Preferred Appointment Time:	
Would you like to be added to our mailing list?:	Yes No



Doctor Information

Optometrist's or Ophthalmologist's Name:	
Date of Last Visit:	
Address:	
City, State & Zip:	
Phone:	
Fax:	
Medical Doctor's Name:	
Date of Last Visit:	
Address:	
City, State & Zip:	
Phone:	
Fax:	



For which services are you applying?

Comprehensive Low Vision Evaluation:	
Computer Access Training:	
Activities of Daily Living Training:	
Safe & Independent Travel Skills Training:	
Orientation to home, workplace, store, etc.:	
Adjustment to Vision Loss Counseling:	
Peer Support Group:	
Other:	

How else may we be of service to you?

In which city do you wish to be seen for your Low Vision Evaluation?

_____ Smyrna

_____ Rome



Emergency Contact Information

Name:	
Relationship:	
Address:	
City:	
State:	
Zip:	
Home Phone:	
Work Phone:	
Cell Phone:	

Signature



About Vision Rehabilitation Services

Vision Rehabilitation Services (VRS) teaches people who are visually impaired or blind how to function independently in their environments.

Low Vision Evaluation Information

- The comprehensive Low Vision Evaluation is performed by a skilled optometrist specially trained in low vision.

Included with the comprehensive evaluation:

- Two contacts with our Licensed Clinical Social Worker
- Demonstration of various devices that may enhance your ability to read and function independently
- Instructions in how to use any devices that you purchase

You may qualify for a program that could help cover the cost of the Low Vision Evaluation. Additionally, a sliding fee scale based on ability to pay is available. If a low vision device is prescribed by the doctor, there will be an additional fee based on the cost of the devices.

Eligible clients will not be denied vision rehabilitation services because of age, sex, religion, race, national origin or other disabilities.



AUTHORIZATION TO RELEASE VISION INFORMATION

Client's Name: _____ Date of Birth: _____

Address: _____ County: _____

I hereby authorize Vision Rehabilitation Services to obtain from:

Doctor's Name: _____ Phone: _____

Doctor's Address: _____ Fax: _____

All documents/information from the records pertaining to services rendered on:

Dates of Service: _____ and _____

The documents to be released are described or listed as an "Eye Report." The records are required for the specific purpose of documentation of a vision impairment.

I understand that my authorization will remain in effect for one (1) year starting on the date this document is signed. I understand that this information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke this authorization at any time by written and dated communication.

I have read this release and understand its nature.

X _____ **Date** _____

(This section to be completed by the Doctor)

**Please Complete This Form and
 Send a Copy of the Patient's Last 2 Comprehensive Exams**

Please include their Visual Field results, if any. Thank You!!

Visual Acuity	Without Correction	With Correction	Intraocular Tension	Field Loss (Y/N)
Right Eye				
Left Eye				

Spectacle RX	Sphere	Cylinder	Axis	Add
Right Eye				
Left Eye				

Diagnosis: _____



AUTHORIZATION TO RELEASE MEDICAL INFORMATION

Client's Name: _____ Date of Birth: _____

Address: _____ County: _____

I hereby authorize Vision Rehabilitation Services to obtain from:

Doctor's Name: _____ Phone: _____

Doctor's Address: _____ Fax: _____

All documents/information from the records pertaining to services rendered on:

Dates of Service: _____ and _____

The documents to be released are described or listed as medical summary and medication list. The records are required for the specific purpose of documentation of general health in relation to vision impairment.

I understand that my authorization will remain in effect for one (1) year starting on the date this document is signed. I understand that this information will be handled confidentially in compliance with all applicable state and federal laws. I understand that I may revoke this authorization at any time by written and dated communication.

I have read this release and understand its nature.

X _____ **Date** _____

(This section to be completed by the Doctor)

Please check all conditions that apply:

Diabetes		Mental		Arthritis	
Heart Disease		Dementia		Digestive Problems	
Hypertension		Parkinson's Disease		Other, please explain:	
Respiratory/Lung		Neuropathy			

Attach or explain any other conditions

Attach or list Patient Medications



DIRECTIONS

Vision Rehabilitation Services is located between two Wade Ford dealerships and is directly across from the King Springs Shopping Plaza (look for Big Lots) on South Cobb Drive. You will see a covered bus stop and the green Smyrna Community Health Facility sign at the driveway entrance to our building. Look for the blue VRS sign. We are .2 miles north of King Springs Road.

From the North (GA 400)

- Start out going South on GA 400
- Merge onto 1-285 West (exit 4B) toward Chattanooga/Birmingham
- Exit at South Cobb Drive (Exit 15/GA 280) making a Right turn at the end of the ramp
- Continue North on South Cobb Drive towards Marietta for about 3.3 miles
- At the top of the hill, turn Left to get to Vision Rehabilitation Services after the intersection at King Springs Road
-

From the Northeast (I-85)

- Start out going South on I-85
- Take the I-285 West bypass (exit 95B) towards Chattanooga/Birmingham
- Exit at South Cobb Drive (Exit 15/GA 280) making a Right turn at the end of the ramp
- Continue North on South Cobb Drive towards Marietta for about 3.3 miles
- At the top of the hill, turn Left to get to Vision Rehabilitation Services after the intersection at King Springs Road

From the Northwest (I-75)

- Start out going South on I-75 to Windy Hill (Exit 260) making a Right turn at the end of the ramp
- Continue West on Windy Hill Road towards Smyrna for about 3.7 miles
- Turn Left onto South Cobb Drive and continue for 2.5 miles
- Turn Right to get to Vision Rehabilitation Services after the intersection at Wisteria Lane/McCauley Road

From Atlanta (I-75)

- Start out going North on I-75 towards Marietta
- Merge onto 1-285 West (exit 4B) towards Chattanooga/Birmingham
- Exit at South Cobb Drive (exit 15/GA280) making a Right turn at the end of the ramp
- Continue North on South Cobb Drive towards Marietta for about 3.3 miles
- At the top of the hill, turn Left to get to Vision Rehabilitation Services after the intersection at King Springs Road

From Marietta (GA 280)

- Starting South from Marietta (Delk Road/GA 280) becomes South Cobb Drive
- Continue on South Cobb Drive and Turn Right to get to Vision Rehabilitation Services after the intersection at Wisteria Lane/McCauley Road

Vision Rehabilitation Services
3830 South Cobb Drive, Suite 125 Smyrna, GA 30080
Phone 770-432-7280 Fax 770-432-5457
www.vrsga.org

The Georgia Client Assistance Program

A division of the Law Offices of Martin and Jones

Charles L. Martin, Director
Ashley Carraway, Assistant Director
Jennifer Page, Counselor

Welcome to the Georgia Client Assistance Program

Thank you for visiting the Georgia Client Assistance Program (CAP). The CAP is for Vocational Rehabilitation clients and client applicants who are seeking or receiving services from a project, program or facility funded under the Rehabilitation Act.

What is the Client Assistance Program?

Client Assistance Programs are funded by the U. S. Department of Education in all states as part of grants for Vocational Rehabilitation of individuals with disabilities. The Georgia Department of Labor Vocational Rehabilitation Program has privatized the management and operation of the Client Assistance Program to be administered by Martin and Jones. The Client Assistance Program, helps people with disabilities who are seeking or receiving vocational rehabilitation services by:

- **Providing information** about the federal Rehabilitation Act, including
 - How the state can help you get, keep or advance in work
 - How you qualify
 - How you pilot your own rehabilitation
 - The purpose of the Rehabilitation Act
 - Your rights under the Act
- **Assisting** individuals who have problems applying for or receiving services under the Act.
- **Teaching** you how to make requests
- **Referring** you to other agencies where helpful
- **Negotiating** for you
- **Mediating** disputes
- **Advocating** for you with the agency and others
- **Presenting** your requests to the agency
- **Obtaining** legal representation where we think it appropriate

What can the Client Assistance Program do for me?

If you have a problem with your vocational rehabilitation program or application, the Client Assistance Program can assist you in many ways, including:

- Advising you of your rights
- Solving communication problems
- Teaching you how to make requests
- Referring you to other agencies where helpful
- Negotiating for you
- Mediating disputes
- Advocating for you with the agency and others
- Presenting your requests to the agency
- Obtaining legal representation where we think it appropriate

When and how do I contact the Client Assistance Program?

You may call the Client Assistance Program for any of the following reasons:

- You want to know what is required to qualify for rehabilitation services
- You believe you qualify for rehabilitation services but are not allowed to complete an application
- You disagree with any decision to deny, stop or delay services
- You cannot get a written decision on a request you have made
- You are not allowed enough choice in your rehabilitation program
- You have a disability-related problem, and do not know where to go to get help

Who runs the Client Assistance Program?

The Governor of Georgia has designated the [Law Offices of Martin and Jones](#) to operate the client assistance program. The staff of the Client Assistance Program includes:

Charles L. Martin, Director.

Ashley Carraway, Assistant Director.

Jennifer Page, Counselor.

You may reach the Client Assistance Program by a toll-free telephone call state wide to:

(800) 822-9727  **(800) 822-9727 FREE**

In the Atlanta area, call

(404) 373-2040  **(404) 373-2040 (voice/TTD)** (or via Georgia Relay Service 800 255-0135  800 255-0135 FREE)

Our fax number is

(404) 373-4110

Our address is

123 N. McDonough Street

Decatur, Georgia 30030

[To email us, click here.](#)