



P.O. Box 1758  
Bensalem, PA 19020  
[VisionLinkPHL.org](http://VisionLinkPHL.org)  
215.627.0600

**Dear Potential Client or Service Provider:**

**Thank you for your interest in VisionLink. To access our services or refer someone for services, please complete the attached forms.**

**Please submit the completed forms via one of the following methods:**

**Email: [VisionLinkReferrals@visionlinkphl.org](mailto:VisionLinkReferrals@visionlinkphl.org)**

**Fax: 215-922-0692**

**Mail: VisionLink**

**Attn: Intake Department**

**P.O. Box 1758**

**Bensalem, PA 19020**

**We look forward to serving you and are here to answer any questions you may have. Please don't hesitate to call at 215-627-0600 Ext 826 for more information or if you need assistance.**

**Sincerely,**

**Alexis Jones, MSW, LSW**

**Director of Participant Engagement and Outreach**

**VisionLink**



P.O. Box 1758  
Bensalem, PA 19020  
**VisionLinkPHL.org**  
215.627.0600

## **Participant Information Form**

Today's Date: \_\_\_\_\_

Participant Full Name: \_\_\_\_\_

Nickname (if any): \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_

Gender:

Female

Male

Non-binary

Transgender Male

Transgender Female

Did not disclose

Highest Level of Education Completed: \_\_\_\_\_

Primary Source of Income: \_\_\_\_\_



P.O. Box 1758  
Bensalem, PA 19020  
**VisionLinkPHL.org**  
215.627.0600

Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- White or Caucasian
- Other: \_\_\_\_\_

Eye Doctor or Vision Specialist Name: \_\_\_\_\_

Eye Doctor or Vision Specialist Phone Number: \_\_\_\_\_

Eye Doctor or Vision Specialist Address: \_\_\_\_\_

Accessible Formats for Information:

- Audio (NLS Cartridge Player)
- Braille (UEB)
- Electronic (Email)
- Large Print
- Text Message

Program Interest:

- Education and Training Programs
- Enrichment and Support Programs
- Community Resource Information

How did you hear about VisionLink? \_\_\_\_\_

For participants requesting Education and Training and/or Enrichment and Support programs, a completed Eye Report (page 4) is required from a Vision Specialist to schedule an intake appointment.



P.O. Box 1758  
Bensalem, PA 19020  
**VisionLinkPHL.org**  
215.627.0600

## Eye Report Form

I hereby authorize the VisionLink to request information concerning the condition of my eyes.

---

Print Client's Name

Date of Birth

---

Client's Signature

### Eligibility for VisionLink Services:

- Visual acuity of 20/70 or poorer in better-seeing eye that cannot be corrected or improved with regular eyeglasses
- Corresponding loss of visual fields
- Progressive sight threatening eye diseases, such as diabetes
- Diagnosis of a degenerative eye or sight disorder
- Eighteen (18) years of age or older

Diagnosis & Etiology: \_\_\_\_\_

Visual Acuity--With Best Correction: OD: \_\_\_\_\_ OS: \_\_\_\_\_

Visual Field—Angle of widest diameter of field of vision: OD: \_\_\_\_\_ OS: \_\_\_\_\_

The visual function of this person examined is:

Totally Blind  Light Perception  Hand Motion  Severe Visual Impairment

Prognosis: \_\_\_\_\_

Comment & Recommendations: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Date of Report: \_\_\_\_\_

---

Printed Doctor Name

---

Doctor Signature

---

Doctor's Address