

Dr. Lewerenz
NSU Oklahoma
College of Optometry
600 N Grand Avenue
Tahlequah, OK 74464
918-444-4090



Dr. Lillian Young
Project Director
110 W Choctaw
Tahlequah, OK 74464
918-456-5581

Application for Participation
American Indian Resource Center, Tahlequah, OK

Project NATIVE will be offering free evaluations and training in the use of visual aids and equipment for blind and visually impaired Native American adults in NE Oklahoma. If you or someone you know would like to participate in this program please fill out the information below:

Name: _____ Gender: (check one) F ___ M ___

Date of Birth: _____

1. What is your visual issue: Diabetes ___ Macular Degeneration ___ Cataracts ___
Glaucoma ___ Other (please list) _____
2. What is your visual acuity: _____
3. Do you live alone: Yes ___ No ___
4. Do you feel that your vision issues have affected your quality of life: _____
5. How long have you had vision issues resulting in quality of life issues: _____
6. Please list the things you would like to do but are no longer able to do because of your visual issues: _____

7. Please check any of the following items that you think might improve your quality of life:
 - Special sunglasses for indoor use _____
 - Special sunglasses for outdoor use _____
 - A long cane to detect objects as you are walking _____
 - A support cane for walking _____
 - Special glasses for watching TV _____
 - Magnification devices for reading print _____
 - Special utensils for in the kitchen _____
 - Special devices to assist with sewing _____
 - Special devices such as a talking watch/clock _____
 - Phone with extra-large buttons for dialing _____
 - Special devices to assist with hobbies or other interest's _____
 - A home visit to help with arranging furniture, kitchen ware, cupboards, bathroom, etc. for easier access _____

Employment Status: ___ working or ___ in school _____
(describe)

seeking employment _____
(what field)

retired _____ on disability/unable to work _____

Please list any visual aids or devices you are currently using: _____

Do you drive? _____
Yes No

In order to participate please provide the following contact information:

Name: _____ Tribal Affiliation: _____

Mailing address: (street) _____ (city/state) _____ (zip) _____

Phone #: _____ E-mail address: _____

Name of Eye Physician: _____ Phone #: _____

Address: _____

File or Patient ID#: _____

I ___ DO ___ DO NOT give Project NATIVE permission to view my records on file with my primary optometrist or ophthalmologist. The information will remain confidential, but it will help Project NATIVE with providing the client with the best possible assistance, equipment and supplies. I also ___ DO ___ DO NOT give Project NATIVE permission to take photographs and use them for education purposes.

Client Signature

Date

The workshops will be held from 8:30 a.m. to 4:30 p.m. on 3 consecutive Saturday's. Attendance for all 3 days is mandatory.

Lunch/snacks and a stipend for travel will be provided. Transportation is available if needed.

For further information contact the Project Director, Dr. Lillian Young at 918-456-5581.

Thank you!