

IN HOME VISIT SUMMARY

Name: _____

Community Partner: _____

Telephone Number: _____

_____ was here for an in-home assessment.

The following items were discussed, initiated and/or left with the customer.
 Please call the Community Partner listed above should you have any questions.

Items Dispensed:

20/20 Pen <input type="checkbox"/>	Bold-Line Paper – ¼” <input type="checkbox"/>	Check Writing Guide <input type="checkbox"/>	Signature Guide-Small <input type="checkbox"/>	NoIR 701 Outdoor Sunglasses M Amber <input type="checkbox"/>
Infila Needle Threader <input type="checkbox"/>	Calendar – Large-Print <input type="checkbox"/>	Crossword Puzzle Book – Large-Print <input type="checkbox"/>	Playing Cards – Large-Print <input type="checkbox"/>	NoIR 702 Outdoor Sunglasses Grey Green <input type="checkbox"/>
Bump Dots-Orange <input type="checkbox"/>	Kitchen Timer – Large Print <input type="checkbox"/>	Keychain Talking Clock <input type="checkbox"/>	3X Illuminated Pocket Magnifier <input type="checkbox"/>	NoIR 711 Indoor Sunglasses Light Amber <input type="checkbox"/>
Vision Aids Sources List <input type="checkbox"/>	Amsler Grid <input type="checkbox"/>	Communication Center Sign-up Form <input type="checkbox"/>	TED Brochure <input type="checkbox"/>	NoIR U88 Indoor Sunglasses Light Plum <input type="checkbox"/>

Our services are provided at no cost –

Contact us today if you would like more assistance:

Minnesota State Services for the Blind www.mnssb.org

(651) 539-2300

The Aging Eyes Initiative is a project of State Services for the Blind (SSB) in partnership with local agencies.