

# "Focus"

## Individual Support Group Sign Up - Getting to Know You -

We are so happy to welcome you to a Support Group! Filling out this form, and telling us a bit about yourself and your interests, will help us to direct you to a group.

Please type directly on the form and return to:

[Lisa.DiBonaventura@mass.gov](mailto:Lisa.DiBonaventura@mass.gov)

Thank you so much!

Today's Date:

Name:

Email Address and Home Phone:

Home Town and DDS Region (Central-West, Metro, Northeast or Southeast):

Age:

Gender:

Primary Language:

Communication Style:

Vision Loss Diagnoses:

Mobility Information: Ambulatory   Use a Wheelchair   Use a Walker

Other:

Please note: These Web links are being offered only as informational resources.  
It is not our intention to endorse or recommend the sites.

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A resource of the MCB/DDS Partnership Project  
[focusonvisionandvisionloss.org](http://focusonvisionandvisionloss.org)  
508.384.5539

## Individual Support Group (continued)

Orientation and Mobility Device: Use a Long Cane?    Yes    No

Likes & Interests:

Work Experience:

Day Hab Experience:

Availability of Technology: Please check all that are available for use:

- Landline phone
- Cellphone
- Ipad
- Laptop
- Desktop Computer

Level of Experience with Technology:

Ability to Use Technology: Please check all that apply:

- Independent
- With Assistance
- Other/Comments

Staff Member who will assist Individual to access Support Group (if needed):

- Name, Position, Agency, Email, and Phone:

Requested by:

- Name, Position, Agency, Email, and Phone:

Name of DDS Service Coordinator:

Name of MCB Case Manager:

## Questions?

Please don't hesitate to contact: [Lisa.DiBonaventura@mass.gov](mailto:Lisa.DiBonaventura@mass.gov)

# Thank You!

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