

Coordinated Services for Blinded Veterans

Introduction

Blindness has been considered one of the most devastating disabilities that can affect an individual, striking people of all ages and walks of life. There are an increasing number of legally blind veterans, primarily due to the aging of our veteran population and the increase in numbers of individuals serving in the military. The term legal blindness is, however, a deceiving one. The generally accepted definition is: central visual acuity of 20/200 or less in the better eye, with ordinary corrective glasses; or, central visual acuity better than 20/200 in the better eye, and a field defect in which the peripheral field at its widest tested diameter is less than 20 degrees. Approximately 85 percent of people classified as legally blind have some kind of usable remaining vision. The number of legally blind veterans is estimated at 160,000.

In the United States, the number of low vision veterans, those having significant, uncorrectable visual impairment between 20/70 to, but not including, legal blindness, is currently estimated to be 1,026,000. Because the most frequent causes of low vision are age-related, the number of visually impaired veterans is expected to increase substantially. Changing demographics of the veteran population suggest the need to modify models of services delivery to improve services, access and patient satisfaction.

The VA is actively pursuing alternative service delivery models and expanding existing services. Of the 160,000 veterans eligible for Blind Rehabilitation Services, over 35,000 are currently enrolled to receive services. The challenge of helping blinded veterans has greatly increased, and VA is attempting to meet the challenge.

The impact of blindness is individualized and includes both the older veteran whose vision gradually worsens due to macular degeneration or diabetes and the serviceperson who is rendered totally blind by traumatic injury. Each of these veterans requires individualized, specialized care and treatment suited to the cause of blindness, physical and medical condition, age, ability to cope with

frustrating situations, learning ability, and the overall needs and lifestyle of the veteran.

Indeed a person confronted with blindness may feel limited and frustrated in performing a variety of everyday activities previously taken for granted. Such tasks as dressing, eating, writing, reading and traveling may become quite difficult to do independently. Communication with other people by ordinary means is hampered, as is the ability to keep up with the daily news and current events. Social interaction, recreation, and hobbies may be drastically limited or curtailed.

Very frequently, as vision fails, a person may be forced into premature retirement; loss of income and financial security may then become a serious problem. Coupled with the above factors, it is not uncommon for the newly blinded individual to undergo a period of personal stress, Serious doubts of self-worth and self- esteem, the feeling of being less of a person, or believing the future holds little promise may be evident. Pressure and strain may then be placed on the veteran, spouse, and family.

Loss of sight affects each person differently and is capable of hindering overall functioning, including employment, recreation, social and family life, and communications. To help the veteran cope with these problems, the Department of Veterans Affairs has established within Veterans Health Administration, the Blind Rehabilitation Service to provide a wide variety of services to veterans who are blind. The Blind Rehabilitation Program is designed to improve the quality of life for veterans who are blind or severely visually impaired through the development of skills and capabilities needed for personal independence, adjustment, and successful re-integration into the community and family environment. Elements of the Blind Rehabilitation Coordinated Services Program include: 10 Blind Rehabilitation Centers, Visual Impairment Services Teams (VIST) located at many medical centers and Outpatient Clinic, Blind Rehabilitation Outpatient Specialist (BROS), National Consultants and a Computer Access Training (CAT) Program. In addition, there are a variety of low vision services and blind rehabilitation service delivery models within the

Veterans Administration, e.g. Visual Impairment Services Outpatient Programs (VISOR) and Visual Impairment Centers to Optimize Remaining Sight (VICTORs) programs.

Blind Rehabilitation Service has developed a continuum-of-care model encompassing alternative rehabilitative service delivery. The following will describe in some detail the programs offered in Blind Rehabilitation Service as well as low vision services available at local VA medical centers and outpatient clinics.

The Blind Rehabilitation Centers

The first and pioneering Blind Rehabilitation Center was opened at the VA Hospital in Hines, Illinois, just west of Chicago, in 1948. To meet the demand of increasing numbers of blind veterans, additional Blind Centers were later strategically located throughout the United States, at VA Medical Centers in Palo Alto, California in 1967; West Haven, Connecticut, 1969; American Lake, Washington, 1971; Waco, Texas, 1974; Birmingham, Alabama, 1982; San Juan, Puerto Rico, 1985; Tucson, Arizona, 1994; Augusta, Georgia, 1996; and West Palm Beach, Florida in 2000. Future plans include the addition of two new blind centers in Biloxi, Mississippi and Long Beach, California.

The Blind Rehabilitation Centers (BRCs) provide rehabilitation to legally blind veterans. Comprehensive individualized blind rehabilitation services are provided in an inpatient medical center environment by a multidisciplinary team of providers. A specialized Computer Access Training Program (CAT) is offered as a specialized inpatient rehabilitation option. BRC attendance requires ongoing daily participation in the rehabilitation process. The veteran must be able to meet travel requirements to an appropriate facility and any medical condition must be stable enough to participate in the daily classes. Blind rehabilitation services are offered on site, and throughout the local community. The management of chronic medical conditions is addressed as part of the training regime and may be improved during the stay.

The many years of experience by Blind Rehabilitation staff has shown that a program of comprehensive rehabilitation is usually the best course to follow for those that are legally or totally blind. An experienced professional staff member acts as a Team Coordinator and guides the individual through a process that eventually leads to maximum adjustment to the disability, re-organization of the person's life, and return to a contributing place in the family and community. To achieve comprehensive rehabilitation, the Blind Rehabilitation Centers offer a variety of classes designed to help the veteran achieve a realistic level of independence

In Blind Rehabilitation Centers, the veterans participate in the following courses:

Orientation and Mobility

Principles of independent travel for both low vision and totally blind veterans are taught, using a "long cane" for safe and effective travel. Maximum use of any remaining vision as an aid to travel is evaluated, low vision devices are fitted and their use is made an integral part of mobility training. Sensory training classes teach the veteran how to use remaining senses, particularly hearing, as an effective aid in travel and exercises in mental mapping show the veteran how to maintain orientation while traveling through different kinds of environments.

Instruction ranges from relatively simple routes to the increasingly complex, and gradually builds the veteran's confidence in the ability to travel independently. By the completion of the instruction, the veteran should have a realistic picture of his or her travel capacity and be able to travel independently in both familiar and unfamiliar areas.

Living Skills

This phase of the rehabilitation program generally consists of several areas: communications, activities of daily living and independent living program.

Communications: Instruction in this area is designed to replace or restore the ease of written and spoken communication. Opportunities to learn and utilize

Braille, typing, handwriting, telling time, management of financial records, use of tape recorders and other electronic equipment are all provided to the veteran. These courses equip the veteran with the means to help keep up with current events, correspondence, personal files, and maintain, as far as possible, normal means of communications with other people.

Activities of Daily Living: The veteran is also taught various techniques, methods and use of devices that can aid in doing countless daily tasks. The area ranges from such simple things as shining shoes or making a cup of coffee, to complex situations such as arranging an entire wardrobe, shopping, kitchen organization, and preparation of complete meals. The emphasis is on learning by doing; techniques and methods are taught and then integrated into the veteran's daily routine. By the completion of the program, the veteran should be capable of handling these various tasks with much greater, or complete independence. A fringe benefit is increased independence in the home situation, lessening the burden of care for the family and easing tensions that may have arisen.

Independent Living Program: Each Blind Rehabilitation Center has established an independent living program in the living skills department, designed primarily for those veterans who will be living alone after rehabilitation. After extensive instruction, the veteran is afforded the opportunity to practice the acquired skills under minimal or no supervision. Thus the veteran can experience on a practical basis the problems encountered in living independently and can provide solutions to these problems.

The Living Skills Instructors arrange consultation with the medical center dietetic service, so that each veteran has the opportunity for ongoing meetings on a one-to-one basis with a dietitian. This is especially important for those veterans who require special diets; they can be educated concerning these diets and the need to follow them as closely as possible. Detailed instructions in preparation of special diets can be provided.

Manual Skills

This area provides the veteran the means to develop organizational skills, awareness of the environment, safe and efficient work habits, spatial relationships, and an understanding of tactual ability.

The material is presented to the veteran in several areas, which may include, but are not limited to; leatherwork, home mechanics, woodworking, metal working, weaving and ceramics.

The initial training area consists primarily of working with hand-crafted objects to develop the individual's confidence in their non-visual senses. The home mechanics is an introduction to the tools and organizational techniques that allow an individual to perform simple repairs or assembly and repair activities. Advanced training focuses on the use of a variety of adaptive measuring devices, hand tools, and power equipment utilized in a woodworking program. The manual skills area focuses on the sequential develop of skills and confidence to perform activities independently.

The manual skills area is not vocational training, although some veterans have developed vocational interests or hobbies from it. Frequently, manual skills training enables a veteran to resume performing home repairs in a workshop at home, or other related activities thus further adding to the person's self-confidence and quality of life.

Visual Skills

Approximately 85 percent of all veterans entering a Blind Rehabilitation Center have some remaining vision that may be useful in many situations. For these veterans, a thorough visual skills evaluation is performed. Each veteran is given a comprehensive eye exam shortly after admission.

This instructional area addresses the needs of veterans with partial vision and helps them to gain a better understanding of their eye problems through patient education. Instruction focuses on teaching participants how to effectively utilize their remaining vision through the use of low vision scanning and eccentric viewing techniques. It includes assessment and

training with special optical aids and devices that are designed to meet the various needs of the person being served. These needs may include lessons that employ a variety of visual aids, devices, special equipment, and training modalities that address near, intermediate, and distance tasks as necessary in order to: read printed material, perform activities of daily living, engage in home repairs, travel independently, etc.

An important goal of the visual skills area is to help the veterans develop a realistic assessment and understanding of their visual capability and limitations so that they may better use their vision in daily life.

Computer Access Training Section (CATS)

The CATS provide specialized services to eligible veterans through comprehensive adaptive computer needs assessment, recommendation of equipment, training on recommended equipment, issuance of equipment upon successful completion of training and basic follow-up technical support. Eligible veterans may be able to receive local training and issuance if there are local qualified providers in the veterans' communities who can provide computer assessment and training.

The type of equipment issued by CATS is a state-of-the-art computer system with necessary peripherals and all access hardware/software to meet the veteran's identified needs.

Training encompasses comprehensive instruction on access hardware/software, computer literacy, familiarization to computer keyboard, fundamentals of disk operating systems and fundamentals of word processing as well as internet access and email. Exceptions to this training regimen are determined on a case-by-case basis.

Physical Conditioning

The onset of visual loss may interrupt or stop completely a pattern of exercise or activities that many veterans have incorporated into their daily lives, thus causing

a decrease in muscular tone and stamina. Under medical supervision, each Blind Rehabilitation Center offers a physical conditioning area.

Exercises and activities can range from the relatively sedentary to relatively vigorous, depending on the ability and need of the veteran. The exercise programs are usually self directed by the individual veterans. Even a moderate program of regular exercise can assist many veterans in management of complicated medical situations.

Recreation

Just as the pattern of normal exercise and activity can be affected by blindness, so can the areas of recreation that bring refreshment and enjoyment to a person's life. A broad array of recreational activities and interests is offered, for groups and for individuals. Attendance at sports events, theaters, movies, concerts, as well as social gatherings of various kinds, is planned for all patients. The aim is to revive interest in activities that have been done in the past, and stimulate interest in new areas. Possible social and recreational activities in the veteran's home area are discussed and methods for realistic involvement in them are explored.

Adjustment to Blindness

The difficult area of emotional and behavioral adjustment to blindness is the chief role of the Clinical Psychologist, Social Worker and the rehabilitation team.

Through individual counseling sessions, group meeting, and a variety of information techniques, they help each veteran deal with blindness and learn to cope with it. The entire rehabilitation program attempts to develop a therapeutic environment in which the total staff assists the veteran in coming to grips with the reality of visual loss.

A Clinical Psychologist is assigned to each Blind Rehabilitation Center. The Psychologist's duties include a careful evaluation of the veteran's strengths and

limitations, counseling in individual and group sessions on various aspects of blindness and emotional adjustment, and assisting each veteran to formulate a plan of life consistent with or superior to life before blindness. Planning can include vocational rehabilitation, return to school, job re-training, or development of a vocational interest. Vocational planning is coordinated with Veterans Benefits Administration (VBA) Counseling and Rehabilitation staff for veterans eligible for those services. Non-eligible veterans may be referred to the appropriate state agency for the blind. The Psychologist as part of the rehabilitation team consistently consults with the team to insure that the veteran's psychological needs are addressed in all aspects of the program.

The Social Worker provides assistance to veterans and designated family members in evaluating and solving social, emotional, or family problems affecting treatment. Problems may be related to adjustment to blindness, family/interpersonal relationships, financial difficulties, housing/living arrangements, etc., and may require linkage with community resources in the veteran's home area in order to assure that necessary services are available and utilized following discharge.

The Social Worker may also arrange a Family Program as indicated by the recommendation of the team and the veteran's needs. In many situations the Family Program is a very important aspect of the complete rehabilitation program. If a Family Program is recommended and approved, the veteran selects a family member with whom he/she reside to visit the Blind Rehabilitation Center for several days, approximately three-quarters of the way through the veteran's program. Cost of travel, lodging, and meals are defrayed by VA. The purpose of the Family Program is to maximize the involvement of the veteran's family in the rehabilitation process, and demonstrate what changes the veteran has made since the beginning of the program. Experience has shown this is a very important aspect of rehabilitation, since it enlightens and educates the family member and insures the rehabilitation continues once the veteran's return home. The Family Program assists family members in their own adjustment to the veterans' visual loss by identifying adjustment problems or misconceptions they have experienced that may have negatively affected veterans' adjustment. Thus the family is helped to realize its crucial role in the rehabilitation process.

Group Meetings

One strength of the residential rehabilitation center is that it brings together people from many varied backgrounds, educational levels, and occupations that as veterans have one thing in common, blindness. Through interaction with other people experiencing the same difficulty, the group itself can frequently support individuals as they struggle with their feelings. To aid in this process, group meetings, including therapy and didactic sessions, are scheduled that allow expression of feelings concerning blindness.

Team Coordinator Concept

Each Blind Rehabilitation facility follows the team coordinator approach to rehabilitation. The staff assigned to work with a particular patient forms the rehabilitation team with the veteran as the most important member. One staff person serving as the coordinator or case manager of the team. The team coordinator follows the progress of the veteran from the day of admission until the day of discharge, assisting the veteran in whatever way possible and assuring that the goals of the veteran and the rehabilitation program are addressed. This allows one person to serve as the focal point for the veteran's rehabilitation program, so the veteran knows who is specifically available for advice, consultation, and discussion concerning details of the their rehabilitation program. The team is delegated responsibility for planning the details of the rehabilitation program and making adjustments as necessary. As an important part of the team approach, the veteran is involved as much as possible in the planning of the program; just as staff may suggest changes or modification to the rehabilitation plan, so may the veteran provide input to the team, recommending appropriate modifications. In this way, the veteran is an active member of the team and is a party to all aspects of the rehabilitation program, especially the setting of goals and objectives. This team approach to rehabilitation is the heart of the rehabilitation concept and helps assure accountability for the quality of patient care.

Life at the Rehabilitation Center

Eligible blinded veterans may apply for admission to a Blind Rehabilitation Center through the nearest VA facility in their particular area of the United States.

Transportation to the Blind Center and return home is subject to the current beneficiary travel regulations which may impose some limitations on travel payments. Prior to commencing travel, the veteran should contact the local VA medical center travel clerk for full details. An escort to accompany the veteran to the Blind Rehabilitation Center may be approved if the particular veteran's condition so warrants.

Teaching activities at the Blind Rehabilitation Center follow the usual government work routine, 8 hours per day, 5 days a week. Classes of varying duration are scheduled throughout the work day. The veteran is expected to participate in a full day of training each day unless contraindicated due to physical limitations. After the work day is completed, each veteran is permitted to go on pass, subject to medical and administrative clearance. Families, friends, or relatives are welcome to visit in the evenings or on week-ends, but not during the work day. All the Blind Rehabilitation Centers require that veterans remain in the center for the first weekend so that they may quickly adapt to the rehabilitation environment. Exceptions may be made by the Chief of the Blind Rehabilitation Center as individual situations demand.

Comfortable, casual clothing is the rule for most classes; clothing should be appropriate to the particular facility, the time of year, and the climate of the geographic area. Linens and towels are provided, although veterans are expected to wash their personal laundry in the laundry room, after instruction in the use of the washer and dryer. Since the Blind Rehabilitation facilities are well equipped, veterans need not bring such things as radios, tape recorders, talking book machines, and other items of that nature. Veterans are encouraged to open an account with the medical center's Agent Cashier for the deposit of personal funds, and they may make withdrawals as needed.

Each Blind Rehabilitation Center is assigned a physician and nursing staff to help maintain and improve the health of each veteran. Since the Blind Rehabilitation Centers are located within VA medical centers, the facilities and clinics of those

medical centers are available as necessary. Working together, the physician and the nurses implement the health care regimen and monitor the ongoing medical status of each veteran, as well as educate the veteran concerning any medical situations. Nurses are an integral part of the rehabilitation team and help assure that the veteran's physical condition will not interfere with the rehabilitation program. The nursing staff also plays an important role in the area of self medication. They and the team work to maximize an each individual's independence in this area.

Length of the Rehabilitation Program

The length of the rehabilitation program varies from veteran to veteran. In addition to visual levels, the veteran's general health, emotional condition, learning ability and motivation will determine the length of stay. The first week of the program is spent evaluating the veteran's overall condition and assessing the veteran's general and specific needs. After a team assessment, which includes the veteran, intensive rehabilitation begins and a projection of length of training made. This projection can be updated as circumstances and the veteran's need warrant.

Veterans should remember that rehabilitation is a dynamic process and cannot be rushed. This is required to thoroughly learn skills and incorporate them into the lifestyle. We ask veterans to be willing to give sufficient time to adequately complete their rehabilitation programs. Again, experience demonstrates that time passes very quickly at the Blind Rehabilitation Centers and we know that each veteran will consider it an investment in their future.

Prosthetic Appliances and Sensory Aids for Persons Who are Blind

The Chiefs of the Blind Rehabilitation Centers have been authorized to prescribe various devices for the legally blind veterans who undergo rehabilitation training. Each veteran is evaluated and taught the use of appropriate devices. Issuance of devices to veterans is based upon need, the demonstrated ability to use them, and adherence to clearly defined criteria. Any device issued to veterans is

designed to assist them in overcoming the disability of blindness and to permit them to function effectively and efficiently after rehabilitation is completed.

Special Programs at Blind Rehabilitation Centers

Over the years, innovative technology has been developed for persons who are blind. Many of these devices are available at the Blind Rehabilitation Centers, along with training in their use. Qualified veterans may apply for training in the use of these specialized devices. Veterans should note that specific criteria have been established for admission to these training programs, and that detailed criteria for issuance of the devices has been established. Questions concerning eligibility and suitability for training, as well as issuances of devices, should be directed to the Chief of the appropriate Blind Rehabilitation Center.

Special programs for training in the use of innovative technology generally fall into the areas of communications, orientation and mobility. Communications devices are electronic reading machines for the blind, computers or other similar specialized devices. Electronic orientation and mobility devices are designed to supplement the usual protective travel devices such as the long cane. As various other devices are developed, training in their use may become available. Veterans should be aware that training in the use of these devices is complex; they require a great deal of hard work and persistence, and may not be suitable for every veteran. They should in no way be viewed as a substitute for basic blind rehabilitation training, or for the usual devices frequently issued to many veterans. They can, and do, serve an important place in the lives of many veterans.

Special programs are usually two to six weeks in length and deal specifically with one device. Several hours per day are spent working on that device, so only limited involvement with the regular rehabilitation program is possible. Veterans participating in the full rehabilitation program are shown the devices as part of training and may wish to return for a detailed program at a later date.

Additional Information Concerning Blind Rehabilitation Centers

Research and Clinical Evaluation Programs

Just as the VA has consistently been a leader in development of sensory and prosthetic research, VA Blind Rehabilitation Service is actively involved in research, development and evaluation of devices. Many devices that were involved in research programs in past years are now part of the regular rehabilitation programs at the Blind Rehabilitation Centers. As new devices are developed that may assist blind persons, the VA will be among the first to evaluate and test them. The overall goal of this research is to improve the quality of life for all blind persons, both veterans and non-veterans.

Blind Rehabilitation Center Administration and Staff

Teaching personnel at each Blind Rehabilitation Center is composed of instructors, the majority of whom hold advanced specialized degrees in work with the blind from major colleges and universities. The Chiefs of the Blind Rehabilitation Centers are experienced professionals in the field of blindness and rehabilitation and possess a thorough knowledge of the VA system; they are the leaders who coordinate the efforts of many various disciplines in the Blind Rehabilitation Centers, thus assuring that each veteran will receive the highest caliber of individualized instruction possible.

Affiliations

Each of the Blind Rehabilitation Centers is affiliated with leading universities that provide students for teaching and internship opportunities in specialized disciplines of blind rehabilitation. The medical centers housing the Blind Rehabilitation Centers are affiliated with excellent medical schools, thus assuring the highest level of medical care for each blinded veteran as well.

Visual Impairment Services Team

The Visual Impairment Services Team (VIST) Coordinator is a case manager who has major responsibility for the coordination of services for visually impaired veterans and their families. Duties include providing and/or arranging for the

provision of appropriate treatment modalities (e.g., referrals to BRCs, BROS, VICTORs, VISOR, and low vision clinics) in order to enhance a blind veteran's functioning level. Other duties include identifying new cases of blindness, providing professional counseling, problem resolution, meeting specific objectives established by the VIST, arranging VIST Reviews, and conducting educational programs relating to VIST and blindness. VIST Teams are often established at the local medical centers. These Visual Impairment Services Teams are comprised of a VIST Coordinator and healthcare and allied healthcare professionals charged with the responsibility of ensuring that blind veterans are identified, evaluated, and provided health and rehabilitation services to maximize adjustment to sight loss. Members may include, but are not limited to representatives from Social Work, Ophthalmology, Optometry, Prosthetics, Primary Care, Rehabilitation, Library, Nursing, Audiology, Podiatry, Nutrition, Psychology, Patient Administration and Financial Services, Veterans Benefits Administration, blind veterans consumer organizations, blind consumers and state/community agencies for the blind.

Visual Impairment Services Outpatient Rehabilitation Program (VISOR)

The VISOR Programs are outpatient, intermediate nine-day rehabilitation programs. They provide comfortable, safe, overnight accommodations (hoptel setting) for beneficiaries who are visually impaired and requiring temporary lodging in order to access services provided through the program. The program offers skills training, orientation and mobility, and low vision therapy. It is staffed with Blind Rehabilitation Specialist (BROS) and Visual Impairment Service Team (VIST) Coordinators, who could be Social Workers and/or Certified Low Vision Therapists. Veterans must be able to perform activities of daily living independently, including the ability to self-medicate, in order to access these accommodations.

Visual Impairment Centers to Optimize Remaining Sight (VICTORs)

In the late 1970s, VHA recognized that there were a growing number of veterans who were not yet legally blind that needed rehabilitation services. The Directors of Blind Rehabilitation, Social Work, Psychology, and Optometry Services

developed the Visual Impairment Center to Optimize Remaining Sight (VICTORs) program to address this unmet need. The initial VICTORs program started in 1979 at the Kansas City VA Medical Center. Over the years, VICTORs services became available to legally blind and visually impaired veterans who had a need for intensive low vision rehabilitation services and/or were unable to receive care at a Blind Rehabilitation Center.

Regional Consultants

The Regional Consultants serve as advisors to the medical center-based programs for the blind. Each consultant has oversight of VA facilities in the geographic area served by the Blind Rehabilitation Center (BRC) to which they are assigned. Their role is to educate, evaluate quality of care, and ensure that adequate and appropriate services are being provided to blinded veterans.

Blind Rehabilitation Outpatient Specialist (BROS) Program

BROS are multi-skilled professionals who perform a wide array of blind rehabilitation services including assessments, visual skills training, living skills and orientation and mobility. These services are provided to veterans in the most appropriate setting, for example, home, VA, college, nursing home or assisted living environments (and in rare instances at the work site). The BROS offer pre/post Center training and also teach veterans who may not be able to travel to a Blind Rehabilitation Center Program. They also provide training to family members.

Referral Procedures and Application Requirements

Any VA health care facility may make a referral to a Blind Rehabilitation Center. The VIST coordinator or Social Worker assigned to blind rehabilitation program at the appropriate VA facility will prepare the application package and assure that it is forwarded to the VA medical center housing a Blind Rehabilitation program.

The application package for blind rehabilitation should include the following:

1. A fully completed VA Form 10-10, Application for Medical Benefits and the related VA Form 10-10M, Medical Certificate and History and 10-1 OF, Financial Worksheet when necessary.
2. A covering letter briefly stating the events leading to the referral.
3. A current complete physical examination, detailing all conditions that may affect progress in rehabilitation, including a detailed statement of physical capacities and tolerance, and including pertinent radiology and laboratory reports.
4. A complete ophthalmological report, containing visual acuities, near and far, corrected and uncorrected, and measurements of peripheral and central visual fields.
5. A social work report, outlining the veteran's military, family, educational, social, and work history and other relevant information.
6. An audiological report
7. VA benefits rating sheet.
8. Psychiatric and/or psychological report, if considered appropriate and necessary.

The application package will be reviewed by administrative and medical staff at the Blind Rehabilitation Center. When a decision on the application is made, the veteran and the referring VIST Coordinator or social worker will be informed.

Travel Information

Transportation to the Blind Rehabilitation Center and return home is subject to the current beneficiary travel regulations which may impose some limitations on travel payments. If approved, an escort may accompany the veteran to the Blind Rehabilitation Center. Staff of the Blind Rehabilitation Center will determine the

veteran's need for an escort. The Blind rehabilitation Center will provide assistance to the veteran in making travel arrangements in cooperation with the veteran's referring station. All tickets and receipts for tolls, parking, travel, etc., must be kept and presented to the Travel Clerk at the VA medical center housing the Blind Rehabilitation Center for verification and payment. Approval for an escort to accompany the veteran must be obtained in advance from the Business Office at the VA medical center housing the Blind Rehabilitation Center.

Conclusion

The material presented in this Information Bulletin shows that although partial or total loss of vision can be overwhelming, the problem is not insurmountable. Rehabilitation can be the start of a new life for the individual. It is the beginning, the training ground, the base that prepares the blinded veteran to assume or continue a meaningful place in the family and in society. It assists the blinded veteran to build the strength, skills, and self-confidence to live a normal, happy, well-rounded life.

Blind Rehabilitation Centers

American Lake
Blind Rehabilitation Center
VA Puget Sound Health Care System
Tacoma, WA 98493-5000
(253) 582-8440

Augusta Blind Rehabilitation Center
VA Medical Center
1 Freedom Way
Augusta, Georgia 30904-6285
(706) 733-0188

Central Blind Rehabilitation Center
Edward Hines, Jr.
VA Medical Center
5th & Roosevelt Rd. P.O. Box 5000
Hines, IL 60141
Phone: (708) 202-8387

VA Connecticut Healthcare System
West Haven Campus
VA Medical Center
950 Campbell Avenue

West Haven, CT 06516
Phone: (203) 932-5711

Puerto Rico Blind Rehabilitation Center
VA Medical Center
10 Casis Street
San Juan, PR 00921-3201
(787) 641-8325

Southeastern Blind Rehabilitation Center
VA Medical Center
700 South 19th Street
Birmingham, AL 35233
(205) 933-8101

Southwestern Blind Rehabilitation Center
Southern Arizona VA Health Care System
3601 South 6th Avenue
Tucson, AZ 85723
(520) 629-4643

Waco Blind Rehabilitation Center
VA Medical Center
4800 Memorial Drive
Waco, TX 76711
(254) 297-3755

Western Blind Rehabilitation Center
VA Palo Alto Health Care System
3801 Miranda Avenue
Palo Alto, CA 94304-1290
(650) 493-5000

West Palm Beach
VA Medical Center
7305 N. Military Trail
West Palm Beach, FL 33410-6400
Phone: (561) 422-8425

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Washington, D.C. 20422
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VA website Address: <http://www.va.gov/blindrehab>