

# Application for Legally Blind Support Coordination

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally apply for support coordination services due to my legal blindness. My condition significantly affects my daily life and my ability to navigate various situations independently.

I would like to request assistance in coordinating the necessary services and resources that would aid in my quality of life. This includes assistance with transportation, orientation and mobility training, and access to adaptive technologies.

Attached to this letter, you will find the relevant medical documentation confirming my legal blindness, along with any other requested information. I appreciate your attention to my application and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]