Iowa Department for the Blind Agreement for Extending the Timeframe for Making an Eligibility Determination				
Name: First		<u></u>	Last	
1 11 51		1411	Lasi	
Home	Line 1:			
Address				
			Code:	
	Phone 1: _		Phone 2:	
Case:		Case Manager:		

My counselor has explained to me the reason that my eligibility determination may not be made within the 60-day time period. I have given my permission to extend the time for this determination. We have agreed that eligibility will be determined by

mm/dd/yyyy	
Client Signature:	
Case Manager Signature:	
Date:	

Applicant's Representative, if applicable: (First Name, MI, Last Name)

Signed copy on file? Yes / No