

**REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS
OPTIONAL ADJUSTED *BLIND EXEMPTION*
FOR THE TOWN OF SEABROOK, NH**

Application deadline is on or before April 15th

I. RSA 72:37- provides the following exemptions on ASSESSED VALUE for qualified taxpayers:

A. For a resident who is legally blind \$15,000

II. **Application Criteria:**

A. Applicant who is legally blind as determined by the Blind Services Program or Bureau of Vocational Rehabilitation of the Department of education.

B. Applicant must have resided in the state of NH for at least **one** year **prior to April 1st of the year of application and must be primary residence.**

C. Applicant must own real estate individually or has life estate, jointly, or with spouse, they must have been married and living together for at least five years. If the applicant holds a life estate in the property or the property is owned by a trust we **must have a copy of the trust document and or a deed.**

**Please mail or fax the attached (when completed) State of NH Services for Blind and
Visually Impaired Eye Examination Report to:
*Services for Blind and Visually Impaired, 21 Fruit St., Suite 20, Concord, NH 03301 (Fax:
603-271-3816)***

**STATE OF NH SERVICES FOR BLIND AND VISUALLY IMPAIRED
EYE EXAMINATION REPORT**

Applicant's Name: _____ DOB _____ Sex _____

Address: _____
(Street and Number) (City or Town) (State) (Zip Code)

Telephone # _____ Social Security # _____

HISTORY:

1. Is there a visual impairment? _____ If yes, which eye: Right _____ Left _____ Both _____
2. Date of onset of the impairment or approximate duration: _____ Unknown: _____
3. Is there a family history of similar eye condition? _____ If yes, please state relationship(s) _____

PHYSICAL EXAMINATION:

Visual Acuity: (With Best Correction)
(20 feet) (14 inches)
Distance Near
Right Eye _____
Left Eye _____

Visual Fields: **PLEASE NOTE**
Is there any limitation in the field of vision?
If yes, please attach copy of field charts.
Right Eye _____ Left Eye _____

DIAGNOSIS: Primary Secondary

Right Eye: _____

Left Eye: _____

Cause if Known: Right Eye: _____
Left Eye: _____

Refraction findings if pertinent: Right Eye: _____
Left Eye: _____

PROGNOSIS AND RECOMMENDATION:

1. Is the eye condition causing visual impairment:
Stable _____ Slowly progressive _____ Rapidly progressive _____ Rate of progression unknown _____
2. Should any physical activities be limited because of eye condition?: _____
3. Is medical or surgical treatment indicated?: _____ If yes, explain _____
4. Would you recommend low vision aid evaluation? _____
5. Any other recommendations or comments? _____

Date of Examination: _____

Signature of Ophthalmologist/Optometrist

Please Print Name: _____

and Address of Dr. _____

Telephone Number: _____

FAX Number: _____

Please return to:

Services for Blind and Visually Impaired, 21 So. Fruit St., Suite 20, Concord, NH 03301 (FAX: 603-271-3816)