Eligibility Questions and Answers

Each child can present unique situations that can create confusion in deciding whether or not the child qualifies as deaf-blind. Below are the answers to some common questions related to these confusing situations. If you have any additional questions or concerns, please contact the Deaf-Blind Program to discuss individual situations (you can contact the Deaf-Blind Program using the information on the bottom of this page).

What if the child has other disabilities in addition to hearing loss and vision loss?
Children with a hearing loss and a vision loss are regarded as deaf-blind regardless of their other disabilities. The Deaf-Blind Program can provide valuable assistance regardless of the type or severity of other disabilities.

Will the child have to be classified in the “Deaf-Blind” category on the Part B Category Codes for them to be included in the Deaf-Blind Program’s Census?
No. Children with a combination of a vision loss and a hearing loss can be placed on the Deaf-Blind Census and receive services regardless of their category code. In fact, most children are actually classified in other codes. The other codes most commonly used are “multi-disabled,” “hearing impaired,” and “visually impaired.”

What about children in a specific school district who have out-of-district placements such as Children’s Care Hospital and School, South Dakota School for the Blind and Visually Impaired, South Dakota School for the Deaf, or a Community Support Provider?
These children can be added to the Deaf-Blind Census for your district.

What about a child who deaf or hard-of-hearing and wears glasses?
This is where it gets tricky! For vision, a child must have uncorrected or uncorrectable vision loss. Therefore, if a child’s vision is improved to the 20/20 to 20/50 range by eyeglasses, they would not qualify as deaf-blind. However, do not assume that glasses correct their vision. In some circumstances, the glasses are improving the vision but there may still be underlying vision problems such as field loss, amblyopia or nystagmus. These can still create significant challenges that the Deaf-Blind Program can assist with.

What about a child who is blind or visually impaired and uses hearing aids or a cochlear implant?
This is a situation where vision correction and hearing assistance are not the same. Cochlear implants and hearing aids do not “correct” hearing in the same way glasses can correct vision. In many cases, hearing aids or other assistive listening devices have limitations and their effectiveness can vary from situation to situation. Therefore, any child who is blind or visually impaired and uses hearing aids or a cochlear implant should be added to the Deaf-Blind Census and referred to the Deaf-Blind Program for services.

I have a child who has the diagnoses of cortical visual impairment or central auditory processing disorders along with a loss in the other sense. Are they eligible?
Yes! There children are in an area that has been underreported in the past. These children are not only eligible for the Deaf-Blind Census but the deaf-blind projects across the nation have been very active in developing programming to meet their unique needs. Continued
We have children in our district who have multiple disabilities making it difficult to get accurate vision and/or hearing tests. However, family or staff suspects that the child may have vision and/or hearing difficulties. Can we refer them to the Deaf-Blind Program? Yes! One of the services we can provide is to assist family members in understanding the different types of testing procedures, resources and services available to them and their child. This may lead to a diagnosis of a hearing and/or vision loss as well as to them having a better understanding of how their child uses their vision and/or hearing.

Any other things I should be looking for? Yes. Children who already have one sensory loss are more often at risk of developing a loss in the other sense. Keeping on top of their vision and hearing with more frequent informal screenings can catch any developing problems early. Also there are children who have certain conditions that are considered to be high risk populations for deaf-blindness.

Children who are considered to be high risk populations for deaf-blindness include:

- Children who were exposed to prenatal viruses such as Rubella or Cytomegalovirus,
- Children with an identified syndrome such as Usher Syndrome, CHARGE Syndrome, Down Syndrome or Trisomy 13,
- Children born with multiple congenital anomalies such as microcephaly or hydrocephaly,
- Children who were prenatally exposed to narcotics,
- Children who were born prematurely,
- Children who have a history of anoxic or traumatic episode that resulted in neurological damage, and
- Children who have a history of post-natal infections such as meningitis or encephalitis.

The leading causes of deaf-blindness for children in South Dakota are CHARGE Syndrome and prematurity.