PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

# State of New Jersey
# DEPARTMENT OF HUMAN SERVICES
**Commission for the Blind & Visually Impaired**
**153 Halsey St. 6th Floor**
**P.O. Box 47017**
**Newark, NJ 07102**

SARAH ADELMAN
Commissioner

BERNICE DAVIS
Executive Director

Contact Name/s: Araceli Pintle Phone Number: 973-881-4396

Email address: aracelip@passaiccountynj.org Fax Number: 973-225-0222
Screening site: Calvary Baptist Church Paterson NJ Date: April 8, 2026 Time: From: 10:00 AM To: 2:00 PM

Address: 575 East 18th St. Paterson, NJ 07514

Please review and sign this logistics letter between your facility and NJ Commission for the Blind & Visually Impaired (CBVI) to formally request an eye screening at your site.

***Please inform Project BEST Supervisor immediately if there is an emergency closing for any reason***
**Minimum of 25 participants not to exceed 55 are permitted within timeframe. Service recipients should be scheduled at regular intervals.**
***Cancellation must be confirmed at least 1 week prior to the scheduled date***

**To conduct a quality screening, we will need your assistance in arranging the following:**

- All screening participants must complete CBVI Project BEST registration form prior to being screened.
- 2 rooms; 1 for visual acuity/glaucoma screening (must be at least 12ft long) and 1 for discharge
- Separated waiting area for participants
- 2 Tables (at least 3 ½ to 4 feet long), and 3 chairs to accommodate screeners, participants and equipment
- 2 Waste Baskets, 2 Electrical Outlets and an extension cord
- An individual from your site must be present at all times during the screening process to assist in managing the site
- Convenient parking is a must for the screening staff.
- Additional personnel may be needed to help with: escorting children/consumers, bring the equipment in and out from your site and translation.

Please contact Project BEST at (973) 648-7400 at least 10 days prior to the screening confirming the number of consumers registered. If unable to adhere to the above requirements, please call us at least two (2) weeks before to make alternative arrangements. Project BEST will intervene, provide follow up and appropriate referrals for participants that are eligible for CBVI services. Screening site will be responsible for following up with participants that are not eligible for CBVI services, but are found to need further care. Upon CBVI receipt of this form, we will review the request and confirm. Please sign, and email back a copy of this letter.

X_____ _____

Signature of Event Coordinator

Sincerely,

**Nynfa Drwiega**
**Field Rep Eye Health, Project BEST**
**Phone: (862) 754-0571** Nynfa.Drwiega@dhs.nj.gov

Sandra M. Williams
Program Supervisor, Project BEST
Phone: (973) 648-7400 | sandra.williams2@dhs.nj.gov