

Eye-Link Minnesota Grant Application

Eye-Link Minnesota provides adaptive technology and assistive equipment grants to residents of Minnesota who are experiencing uncorrectable sight loss or who are legally Blind. The Eye-Link Minnesota Board of Directors reviews and makes decisions on grant applications on an as-received basis. Their decisions are final. Applicants will be notified of their grant status within two business days following the Board review. Grants may include either new or refurbished adaptive equipment. The Eye-Link Minnesota Board reserves the right to deny funding of a grant for any reason.

You may PRINT a copy of this grant application or fill it out on-line at mn.eye-link.org. You may request a copy in Braille or large print by calling Eye-Link Minnesota at 763-561-6967. Being registered with Minnesota State Services for the Blind (SSB) as active or inactive is recommended. Eye-Link Minnesota works closely with SSB counselors to determine need and available services. If your request has been denied by SSB or an equivalent organization, a letter of denial should accompany your Eye-Link Minnesota grant application.

Please fill out the form below and send your completed application to:

Eye-Link Minnesota
Jeff Thompson
6835 East River Road, Fridley, MN 55432
Or email to: JThompson6835@iCloud.com

Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell or Work Phone _____

Email (if available) _____

Current student? Yes No

If yes, what type of school or training? _____

Are you currently a client of State Services for the Blind (SSB)? Yes No

If yes, name of Counselor _____ Phone _____

If no, have you been a client in the past? Yes No

If yes, approximately when was your case closed? _____

How was your need for this equipment/training determined?

What type, model or description of adaptive technology and/or training are you requesting from Eye-Link Minnesota? _____

If you were denied by SSB, what reason were you given for being denied?

Have you ever been a member of the Armed Forces or Reserves? Yes No

If yes, what branch?

If applicable, please attach a copy of your letter of denial from SSB or an equivalent organization to this application.

The following is optional but would assist Eye-Link Minnesota in making a prompt response:

I give Eye-Link representatives permission to contact my SSB Counselor for questions related to the specific equipment I am requesting Eye-Link to purchase for me.

Signature _____ Date ____/____/____

For more information about the application process, call Jeff Thompson at (612) 554-2530.

To find out more about Eye-Link Minnesota, visit us online at mn.eye-link.org.