

## 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 have become blinded. The Eye-Link, Minnesota Board of Directors reviews and makes decisions on grant applications on a quarterly basis. Their decisions are final. Applicants will be notified of their status within two business days following Board review. Grants may be either new or refurbished adaptive technologies. 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. Please request a copy in Braille or large print by calling Eye-Link, Minnesota at 763-561-6967.

You must be registered, either as active or inactive, with Minnesota State Services for the Blind (SSB). You must have been turned down or denied by SSB for the adaptive technology for which you are applying. A copy of your "Denial" letter from SSB must accompany your grant application. The Board does not accept grant applications without an associated document from State Services for the Blind

Mail your application to:  
Eye-Link, Minnesota  
Merna Appelgate  
6615 Lakeshore Drive  
Unit # 814  
Richfield, Mn. 55423

1. Name \_\_\_\_\_

2. Home Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. Home Phone \_\_\_\_\_ Cell or Work Phone  
\_\_\_\_\_

5. E-Mail (if available)  
\_\_\_\_\_

6. Current student Yes \_\_\_\_\_ No \_\_\_\_\_

7. If yes, what type of school or training  
\_\_\_\_\_

8. Are you currently a client of State Services for the Blind (SSB) Yes \_\_\_\_\_ No \_\_\_\_\_

9. If yes, name of Counselor \_\_\_\_\_ Phone \_\_\_\_\_

10. If no, have you been a client in the past Yes \_\_\_\_\_ No \_\_\_\_\_

11. If yes, approximately when was your case closed? \_\_\_\_\_

If you are an active client of SSB please answer the following:

12. How was your need for this equipment/training determined?

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

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

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15. Have you ever been a member of the Armed Forces or Reserves? Yes \_\_\_ No \_\_\_  
If yes, what branch?\_\_\_\_\_

**You must attach a copy of your letter of denial from SSB or Counselor to this application!**

NOTE: Your application will NOT be processed if a letter of denial is not attached!

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 on questions related to the specific equipment I am requesting Eye-Link to purchase for me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For more information visit [www.Mn.eye-link.org](http://www.Mn.eye-link.org) or like us on Facebook

Revised January 2, 2015  
Revised January 20, 2017