

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 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.

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

Mail your application to:
Eye-Link, Minnesota
Jeff Thompson
6835 East River Road, Fridley, Mn. 55432

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? _____

Active and Inactive clients of SSB please answer the following:

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

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

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

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

Please attach a copy of your letter of denial from SSB or a Counselor to this application!

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

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 about the application process, call:
Jeff Thompson at 612-554-2530

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