

## Eye-Link North Dakota Assistive Equipment Grant Application

Eye-Link North Dakota provides adaptive technologies and assistive equipment grants to North Dakota residents who are experiencing uncorrectable sight loss or blindness. Upon receipt of your application, the Eye-Link North Dakota Board of Directors will review and provide a decision in a timely manner. Approved grants may include either new or refurbished equipment, set up, and any related training. You will be notified of the status of your application within two business days following Board approval.

### There are three ways to submit your application:

1. Fill out and submit online at [nd.eye-link.org/application](http://nd.eye-link.org/application)
2. E-mail directly to [laurie.westling1@gmail.com](mailto:laurie.westling1@gmail.com)
3. Mail your application to:

Eye-Link North Dakota  
c/o Laurie Westling  
P.O.Box 7535  
Fargo, ND, 58106

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

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

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

6. Currently a student? Yes \_\_\_\_\_ No \_\_\_\_\_

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

8. Are you currently a client of any state agency like ND Assistive, or a low vision rehabilitation facility? Yes \_\_\_\_\_ No \_\_\_\_\_

9. If yes, name of facility and counselor \_\_\_\_\_  
Phone \_\_\_\_\_

10. If no, have you been a client of any rehab facility in the past?  
Yes \_\_\_\_\_ No \_\_\_\_\_

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

**If you are an active client of any training agency, please answer the following:**

12. How was your need for the equipment/training you are requesting determined?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

14. If your equipment request was denied by any agency or non-profit organization, what reason were you given?

\_\_\_\_\_  
\_\_\_\_\_

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

I give Eye-Link North Dakota representatives permission to contact any current or former counselors or specialists on questions related to the specific equipment that I am requesting to have Eye-Link purchase for me.

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

For more information visit [nd.eye-link.org](http://nd.eye-link.org) or call Laurie Westling Director of Applications at (218) 791-7475.

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