

Eye-Link, North Dakota Grant Application

Eye-Link, North Dakota provides assistive technology grants to blind and visually impaired residents of North Dakota for adaptive equipment. These Grants are not available to veterans. The Eye-Link, North Dakota Board of Directors reviews and makes decisions on grant applications on a quarterly basis. Their decisions are final. Applicants will be notified of their application status within two business days following the quarterly Board reviews. Grants may include either new or refurbished adaptive equipment. The Eye-Link, North Dakota Board reserves the right to deny funding a grant for any reason. This process and form may be changed at any time without notice. Applications are available in print by visiting the foundation WEB site at: ND.Eye-Link.Org

You may be registered, either as active or inactive, with a state agency, rehab facility, or referred by a vision clinician or ophthalmologist. If you have been turned down or your request for adaptive technology has been denied by another organization for the technology and/or associated training for which you are applying, please furnish that documentation and attach it to your application. Mail your application to:

Board of Directors
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 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?

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

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

Signature _____ Date _____

Mail to: Eye-Link, North Dakota
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For more information visit www.nd.eye-link.org or call (763-561-6967)

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