

**Eye-Link, North Dakota Assistive Equipment Grant Application**

Eye-Link, North Dakota provides assistive technology grants to blind and visually impaired residents of North Dakota for adaptive equipment. The Eye-Link, North Dakota 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 application status promptly following the Board decisions. Grants may include either new or refurbished adaptive equipment. The Eye-Link, North Dakota Board reserves the right to deny funding of a grant for any reason. Assistive equipment grant Applications are available to be printed or filled out on-line by visiting the Eye-Link website at: [nd.eye-link.org](http://nd.eye-link.org)

Please mail your application to:

Eye-Link North Dakota  
Attn: Abby Husar  
PO 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?

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

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

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

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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 \_\_\_\_\_

For more information visit [nd.eye-link.org](http://nd.eye-link.org) or call (701) 371-0607

Updated: 01/07/21