Eye-Link Minnesota Assistive Equipment Grant Application

Eye-Link Minnesota provides assistive equipment/technology grants to Minnesota residents experiencing uncorrectable loss of their sight. Eye-Link welcomes all applicants. The application can be filled out and submitted online below or you can email a copy directly to our Director Applications Jeff Thompson via email at JThompson6835@icloud.com.

The Eye-Link Board of Directors reviews and makes decisions on all grant applications on a date received basis. Approved grants may include either new or refurbished equipment. All Applicants will be notified of their application status within two business days following Board review.

1. Name		
2. Home Address		
3. City	_ State	Zip
4. Home Phone	Cell or Work Phone	
5. E-Mail address (if available)		
6. Are you currently a client of any state a vision related facility? Yes No	agency like Mi	n Assistive,MCIL, or any low
7. If yes, please provide the name of facil	lity or counsel	lor
Phone		
8. How was your need for the equipment	/training you a	are requesting determined?
9. What type, model or description of ass requesting from Eye-Link?	sistive equipm	nent or technology are you
The following is optional but would assist	t Eye-Link in n	making a prompt response to you:
I give Eye-Link Minnesota representatives vision counselors on questions related to have Eye-Link purchase for me.		
Signature		Date
Applications can be submitted either onli JThompson6835@iCloud.com	ine or emailed	I directly to:

if you have questions or need assistance, For more information please email or call Jeff Thompson at 612-554-2530. Email: JThompson6835@iCloud.com