

## Eye-Link Wisconsin

### Grant Application

Eye-Link Wisconsin provides assistive technology grants for assistive/adaptive equipment to blind and visually impaired residents of Wisconsin. The Eye-Link Wisconsin Board of Directors reviews and makes decisions on all grant applications on an as received basis. Approved grants may include either new or refurbished equipment. The Eye-Link Wisconsin Board reserves the right to deny funding of a grant for any reason. Their decisions are final. This process and form may be changed at any time without notice. Applicants will be notified of their application status within two business days following the Board review. Visually impaired and blinded veterans should apply for adaptive equipment through their local VA.

Please mail your application to:

Eye-Link Wisconsin  
Attn: Jeffrey J. Scott  
6013 Dell Drive  
Madison, WI 53718

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 Assistive, or any 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 Wisconsin?

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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 Wisconsin 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 \_\_\_\_\_

You can email your application to: JJScott011@ICloud.Com

For more information visit [wi.eye-link.org](http://wi.eye-link.org) or call Jeffrey Scott 608-692-6358

Updated: January 05, 2021