

Eye-Link Wisconsin Grant Application

Eye-Link, Wisconsin provides assistive technology grants to blind and visually impaired residents of Wisconsin for assistive/adaptive equipment. The Eye-Link Wisconsin Board of Directors reviews and makes decisions on all 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 review. Blinded veterans should apply for adaptive equipment through their local VA. 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. This process and form may be changed at any time without notice.

Applications are available in print by visiting the foundation WEB site at: Wisc.Eye-Link.Org.

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

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?

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

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, 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 E-Mail your application to: JJScott011@ICloud.Com

For more information visit Wisc.eye-link.org or call (608) 480-8200

Updated: August 16, 2019