

# KSDS, Inc.

## Guide Application Request

Applicant Name  Date

Address

Home Phone  Work Phone

Age  Parent Name (If applicant is minor)

Degree of blindness

Cause of blindness

Duration of blindness

Operation and mobility training.  
When and where

Hearing loss



KSDS, Inc.  
124 W. 7th  
Washington, KS 66968  
785-325-2256

Submit by E-mail

Print Form