

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