Complimentary Meta Smart AI Glasses Program

Eligibility & Intake Questionnaire for Blind, Low Vision & Vision-Impaired American Veterans

Section 1: Contact Information

1. Full Name

2. Mailing Address

3. City, State, and ZIP Code

4. Phone Number

5. Email Address (if applicable)

Section 2: Military Service History

6. When did you serve? (Start and end dates, or era — e.g., Vietnam, Gulf War, OIF/OEF)

7. Branch(es) of Service — check all that apply

- ☐ Army
- ☐ Navy
- ☐ Air Force
- ☐ Marine Corps
- ☐ Coast Guard
- ☐ Space Force
- ☐ National Guard / Reserves

8. Were you blinded, or did you develop low vision / vision impairment, as a result of your military service?

- ☐ Yes, directly service-connected (combat injury, blast exposure, etc.)
- ☐ Yes, service-connected (illness or condition that developed or worsened during or due to service)
- ☐ No, my vision loss is not service-connected
- ☐ Unsure / not yet rated by the VA

Section 3: Vision Status

9. How long have you been blind, low vision, or vision impaired?

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10. Are you legally blind?

- ☐ Yes
- ☐ No
- ☐ Not sure / not yet evaluated

11. How would you describe your current level of vision? (check one)

- ☐ Totally blind (no light perception)
- ☐ Legally blind, with some usable vision
- ☐ Low vision
- ☐ Vision impaired (does not meet the legal definition of blindness)

12. Do you read Braille?

- ☐ Yes
- ☐ No
- ☐ Learning / partially

Section 4: Technology & Connectivity

13. Do you own an iPhone or any smartphone?

- ☐ Yes
- ☐ No

Meta Smart AI glasses require a compatible smartphone with the Meta AI companion app to function.

14. If yes, which brand/type of smartphone do you have?

- ☐ iPhone (Apple)
- ☐ Android (Samsung, Google Pixel, etc.) — please specify: _____
- ☐ Other — please specify: _____
- ☐ Not applicable

15. Do you have reliable internet access at home (Wi-Fi or cellular data)?

- ☐ Yes
- ☐ No
- ☐ Sometimes / limited

Section 5: Support & Independence

16. Do you have a sighted person (family member, friend, caregiver, or volunteer) who is available to help you when needed?

☐ Yes, regularly available

☐ Yes, occasionally available

☐ No

17. Are you currently using, or familiar with, the “Be My Eyes” app?

☐ Yes, I use it regularly

☐ Yes, I’ve heard of it but don’t use it

☐ No, not familiar with it

18. What is your primary language?

Section 6: Program Awareness

19. How did you hear about the Meta Smart AI Glasses program for Blind, Low Vision, and Vision-Impaired veterans?

☐ Veterans Service Organization (VSO) / VA

☐ Blinded Veterans Association (BVA)

☐ Desmond Doss Foundation

☐ Friend, family member, or fellow veteran

☐ Social media / news article

☐ Hospice, chaplaincy, or healthcare provider

☐ Other — please specify: _____

20. Are you familiar with Meta Smart AI glasses, and how do you think you would use them?

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21. Have you heard of the Desmond Doss Foundation?

☐ Yes

☐ No

Section 7: Consent & Signature

By signing below, I confirm that the information provided above is accurate to the best of my knowledge, and I understand this questionnaire is used solely to determine my eligibility for the complimentary Meta Smart AI Glasses program and to arrange delivery, setup, and training support.

Applicant Signature

Date

_____

If completed with assistance, name of person assisting

_____

Relationship to applicant

_____

For Office Use Only

Reviewed by	Date	Eligible (Y/N)	Notes

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References

1. Meta Newsroom, “Free AI Glasses for Every Blind Veteran.” https://about.fb.com/news/2026/06/free-ai-glasses-for-every-blind-veteran/
2. Blinded Veterans Association, “Free Ray-Ban Meta AI Glasses.” https://bva.org/glasses/
3. Desmond Doss Foundation. https://desmonddossfoundation.org/