

**VNA FOUNDATION OF LEBANON COUNTY
Individual Grant Request**

Name: _____ **Date:** _____
Address: _____ **Birthdate:** _____
_____ **Daytime Phone Number:** _____
_____ **Evening Phone Number:** _____

Medical Diagnosis: _____

Item Requested: _____

Reason for Request*: _____

***Please attach a letter and/or documentation from a health professional verifying the medical diagnosis and/or need.**

List Agency(s) & Contact Person(s) & phone numbers from whom you are currently receiving assistance: _____

Cost of Item: (Submit two bids/estimates) _____

Return Address:

**VNA Foundation
P.O. Box 1203
Lebanon, PA 17042-1203**

Have you ever applied for a grant from the VNA foundation?

Yes _____ **No** _____

If you have ever received a Grant from the VNA Foundation please provide the date and the amount and the specific outcome: _____

Date Request Needed: _____

In completing this application and signing it, I am giving permission to the VNA Foundation's Representative to contact any above agency(s) or person(s)

Applicant's Signature: _____

Date Received: _____

Return Address:

**VNA Foundation
P.O. Box 1203
Lebanon, PA 17042-1203**