## VNA FOUNDATION OF LEBANON COUNTY Individual Grant Request

	Date:
Name:	Birthdate:
Address:	Daytime Phone Number:
	Evening Phone Number:
	<u></u>
Medical Diagnosis:	
Item Requested:	
Reason for Request*:	
*Please attach a letter and/or	documentation from a health professional verifying
the medical diagnosis and/or r	need.
List Agency(s) & Contact Perso	on(s) & phone numbers from whom you are
currently receiving assistance:	
Cost of Item: (Submit two bids/e	estimates)

Installation Cost: (Submit two bids/estimates)		
Will there be additional Expenses?		
Are you covered by Insurance? Yes	No	
If yes, what part of the above cost will be covered by insurance	ce?	
Are you receiving assistance from any of the following?		
Medical Assistance Public Assistance F	Food Stamps	
Social Security Medical Aid	Other	
Estimated Annual Household Income:		
Please attach additional information you feel is important for application:		
Have you attempted to obtain this item/service from any othe Yes	er agency/source?	
Please Explain:		

Have you ever appl	ied for a grant from the VNA foundation?	
Yes	No	
If you have ever re	ceived a Grant from the VNA Foundation p	ease provide the
date and the amou	nt and the specific outcome:	
Date Request Need	ed:	
	s application and signing it, I am giving pe Representative to contact any above agenc	
Applicant's Signatu	re:	
Date Received:		

**Return Address:** 

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