neighbor4neighbor

Healthy Acadia
Building vibrant communities

<table>
<tr><td colspan="2">Date of request:</td><td colspan="2">Funds requested by:</td></tr>
<tr><td colspan="3">Applicant:
(must be at least 65 years old and experiencing economic need)</td><td>Date of birth:</td></tr>
<tr><td colspan="4">Address: *(must be in Hancock or Washington County, Maine)*</td></tr>
<tr><td colspan="3">City/Town:</td><td>Zip Code:</td></tr>
<tr><td colspan="2">Telephone:</td><td colspan="2">Email Address:</td></tr>
<tr><td colspan="4">Amount requested: ____________ (max: $500) to meet the following needs:
☐ Medical ☐ Dental ☐ Vision ☐ Hearing
☐ Maintenance of Activities of Daily Living ☐ Home improvements
☐ Physical/occupational/speech therapy ☐ Other</td></tr>
<tr><td colspan="4">Describe the request and the need that will be addressed.</td></tr>
<tr><td colspan="4">Describe how the request will help to improve quality of life and support independent functioning.</td></tr>
</table>

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Service providers/vendors are paid on behalf of the applicant. Grants are not given directly to applicant. Please contact the service provider or vendor who will give you this service and obtain permission for a representative of neighbor4neighbor to speak directly to this person on your behalf. When this is arranged, please initial the line below and provide the service provider/vendor's contact information. _______________ Applicant's initials verifying that a neighbor4neighbor representative has permission to speak with the chosen service provider/vendor. Service provider/vendor contact information: Name: Address: Phone number:	
Person completing form:	Phone:
Relationship to applicant:	
Referring organization / agency (if applicable):	
Organization / Agency contact:	Phone:
Signature of applicant (verifying accuracy of information contained in this application):	

Please return to: Nina Zeldin, 140 State Street, Suite 1, Ellsworth, Maine, 04605
or by email: nina@healthyacadia.org