



HCRS

HEALTH CARE & REHABILITATION SERVICES
OF SOUTHEASTERN VERMONT

Headquarters:
390 River Street
Springfield, VT 05156
(802) 886-4500
www.hcrs.org

Accredited by the
Joint Commission

Shared Living Provider Fitness & Resilience Application

SLP Name _____

Date _____

Amount of Request, if over the \$25.00 standard _____

Note applications without a receipt will not be approved. Receipt can be enclosed with mailed applications, or scanned and attached to the email

Fitness & Resilience Support please describe in detail) _____

