



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 Mini-Grant Application

SLP Name _____

Date _____

Amount of Request (standard \$25) _____

Amount (if over the \$25.00) _____

Home inspection challenge (please describe in detail for example: need new smoke detector, need professional chimney cleaning, new door knobs, etc.) _____

