

# VISITING NURSES FOUNDATION

Individual Grant Request

Contact name: \_\_\_\_\_

I Am:  The patient  Family of the patient  Caregiver  An organization

Contact email: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact address: \_\_\_\_\_

---

Patient name: \_\_\_\_\_

Patient address: \_\_\_\_\_

Grant amount requested: \_\_\_\_\_

Date that funds are needed by: \_\_\_\_\_

Pay grant to: \_\_\_\_\_

Send grant funds to (address): \_\_\_\_\_

In which Washington State county will this grant be used?

- Adams  Clallam  Grant  Jefferson  Lewis  Lincoln  
 Mason  Thurston

Has the patient received a grant from the Visiting Nurses Foundation before?

- Yes  No

# VISITING NURSES FOUNDATION

Individual Grant Request

Grant funds are requested for assistance with:

- Medical Bills
- Respite
- Comfort Therapy
- Pet Peace of Mind
- Other: \_\_\_\_\_

**The mission of the Visiting Nurses Foundation is to create funding for education and assistance of Home Health and Hospice patients and their families.**

In order to align the utilization of these funds with the core mission of the Visiting Nurses Foundation, kindly provide a comprehensive explanation for the basis of your funding request and attach it to your email or mail submission.

As an Organization Representative or Individual, please be aware that by signing below, you acknowledge that this form constitutes a formal request for funding and not a guarantee thereof. Final approval is contingent upon a thorough review by the Visiting Nurses Foundation. This request will only be considered for processing upon completion and signature.

Signature: \_\_\_\_\_

Please submit this application via email to [jacki.jewell@visitingnursesfoundation.org](mailto:jacki.jewell@visitingnursesfoundation.org) or faxed to (360) 623-1563. For questions call the Foundation office at (360) 623-1560