



Headquarters:

390 River Street

Springfield, VT 05156

(802) 886-4500

www.hcrs.org

Accredited by the
Joint Commission

Shared Living Provider Home Inspection Mini-Grant Application

SLP Name _____

Date _____

Amount of Request (up to \$200.00) _____

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

