



Special Needs Request

Name: _____
Last First Middle

Address: _____
Street Apt. #

City, State, zip: _____
City State zip

Day phone: _____ Evening phone: _____

Email: _____

Diagnosis: _____

Please provide a brief description of the needed item or service:

List three vendors from which price quotes have been obtained and the amount of each quote. Please attach a copy of each quote:

1	_____	Total price: _____
	<i>Vendor Name</i>	
2	_____	Total price: _____
	<i>Vendor Name</i>	
3	_____	Total price: _____
	<i>Vendor Name</i>	

List three other community organizations from which you have requested funding for the needed item or service and the amount granted by each, if any. Please attach a written response from each organization:

1	_____	Amount granted: _____
	<i>Organization Name</i>	
2	_____	Amount granted: _____
	<i>Organization Name</i>	
3	_____	Amount granted: _____
	<i>Organization Name</i>	

Mail completed form and requested documents to:

VAD, Inc.
28446 South River Rd.
Harrison Township, Michigan 48045