

Teagan's Ride NH

“Enhancing the lives of those with differing abilities by providing opportunities to further their independence.”

Date _____

Name _____ Age _____

Address _____

Are you a Grafton County Permanent Resident? _____ Yes _____ No (If No Explain Current Resident Status) _____

Are you Permanently Disabled? _____ Yes _____ No (If No explain current disability)

Describe Current Need _____

Other Applications Have You Submitted? Describe Approved and/ or Denied. If denied, reason for denial.



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USE THIS PAGE TO COVER ANYTHING THAT WE HAVEN'T THAT YOU THINK MIGHT
HELP US MAKE A BETTER DECISION.
