



# Michigan Parkinson Foundation

## Lucas Strong Exercise Grant Application Form

Name of Person with Parkinson's disease: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Care Partner: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

When Diagnosed with PD? \_\_\_\_\_ Neurologist: \_\_\_\_\_

Are you on our Mailing List? :  Yes  No

Name of Exercise Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person at Exercise Facility: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How did you hear about this grant? : \_\_\_\_\_

Comments or Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### To Be Completed by Office:

Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ By Whom? \_\_\_\_\_