

Janet K. Bradley Foundation
LeiHall Farm
Po Box 544
Plainville, GA. 30733
Fax Number: 706.295.9186

Today's Date: _____

Personal Information:

Name: _____

Address: _____ City: _____

Zip Code: _____ County: _____

Phone Number: _____ Best time to call: _____ Email address:

_____ Age: _____ Sex: _____

Number of dependents living with you under the age of 21: _____ Total number of people in your household: _____ Marital Status: _____

Financial Information:

Are you able to work? _____

If so, what is your approximate monthly income from your job: _____

If you are unable to work, what is your income source: _____

What is your Total monthly income: _____.

Medical Information:

Medical diagnosis: _____

Doctors Name: _____

Please tell us about your medical condition and how you think we can help.

Please let us know if you can pick up your produce at LeiHall Farm or if you will need your produce delivered. Please check one: Pick up: _____ Delivery: _____.

Will you need assistance to prepare your food? _____.

If you are chosen to be a recipient of the Bradley Foundation, a large bag of fresh, organic produce will be available to you twice a month during our growing season. . We will be available to answer any questions you may have about our produce and herbs and if needed, will assist you in preparing healthy meals, depending on your individual dietary needs.

Your signature: _____ Printed Name: _____

Thank you for completing this initial application. You may mail or fax your completed application to the address above to the attention of Rhonda Shannon. Once we receive your application, Rhonda will give you a call to answer any questions you may have and to set up an interview time.