

## **Pay it Paw-ward Fund**

### **Hands-4-Paws**

P.O. Box 204  
Tuscola, IL 61953  
217-508-5310

Thank you for your interest in providing medical care for your pet. Hands-4-Paws wants to help pets in Douglas County by 1) helping keep pets healthy and 2) educating owners about caring for their pets.

We have set up a Pay it Paw-ward Fund to help cover part of the cost of a dog or cat's care for people who qualify.

Please read and follow the directions thoroughly; there are no shortcuts. We are looking to help those who are truly in need.

#### **In order to receive assistance, you must:**

1. Complete the application process.
2. Provide proof of financial need, such as a statement of income and expenses, documentation of public assistance, etc.
3. Research other possible funding sources such as friends and family and CareCredit.
4. Ask the veterinary clinic if they have a payment plan.
5. Sign an agreement specifying expenses to be covered by the Hands-4-Paws and your responsibilities. Hands-4-Paws will agree to pay a portion of your pet's treatment.

#### **You must submit:**

1. This completed application and all information requested.
2. Proof of financial need, such as proof of income and expenses, public assistance, etc.
3. A copy of a treatment estimate from your veterinary office.
4. A copy of denial letter from CareCredit ([www.carecredit.com](http://www.carecredit.com) or call 800-677-0718), if your veterinarian takes CareCredit.

#### **Submitting the Application:**

- Download the form from our website
- Call 217-508-5310 and request a form
- Email [hands4pawsinc@yahoo.com](mailto:hands4pawsinc@yahoo.com) to request a form and email it back
- Mail a self addressed stamped envelope to: Hands-4-Paws, P.O. Box 204, Tuscola, IL 61953

#### **Application Review and Fund Distribution:**

- The Hands-4-Paws board will review complete applications and respond within seven days from the day we receive your application.

Please email [hands4pawsinc@yahoo.com](mailto:hands4pawsinc@yahoo.com) with questions. Visit your local library if you don't have a computer.

## Pay it Paw-ward Fund Application

**Hands-4-Paws**  
P.O. Box 204  
Tuscola, IL 61953  
217-508-5310

Date: \_\_\_\_\_

### **Pet Owner's Information**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_(\_\_\_\_)\_\_\_\_\_ Cell Phone: \_(\_\_\_\_)\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Number of cats in household: \_\_\_\_\_ Number of dogs in household: \_\_\_\_\_

How did you hear about the Pay it Paw-ward Fund? \_\_\_\_\_

\_\_\_\_\_

If you have previously received assistance from the Hands-4-Paws, please provide the date and pet's name:

Date: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

### **Pet's Information**

Pet's Name: \_\_\_\_\_ Dog or Cat: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Male or Female: \_\_\_\_\_ Is your pet spayed or neutered? \_\_\_\_\_

How long have you owned your pet: \_\_\_\_\_

Date he or she last seen by a vet: \_\_\_\_\_ Date of his or her last vaccines: \_\_\_\_\_

Veterinary clinic that provided that care: \_\_\_\_\_

Describe your pet's symptoms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Veterinary Information**

Clinic Name: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

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

What is your pet's diagnosis: \_\_\_\_\_

What is the treatment recommended by your vet: \_\_\_\_\_  
\_\_\_\_\_

How soon does your veterinarian think your pet needs to be seen: \_\_\_\_\_

How much is the monthly cost for continued care of this condition: \$\_\_\_\_\_/month

Are you able to be responsible for continued care: Yes \_\_\_\_\_ No \_\_\_\_\_

**Funding Request Information**

\$\_\_\_\_\_ Estimated cost of treatment (attach copy of estimate from veterinarian)

\$\_\_\_\_\_ Amount to be paid by other resources (Friends, family, etc)

Outcome of application of CareCredit card (www.carecredit.com, 800-677-0718)

\_\_\_\_\_ Approved (Amount that was approved \$\_\_\_\_\_ )

\_\_\_\_\_ Denied (Attach letter of denial)

\_\_\_\_\_ My veterinary clinic does not accept CareCredit

Outcome of request for payment plan at veterinary clinic that will provide service:

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

**Proof of Financial Need**

Employment: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seeking employment \_\_\_\_\_ Unemployed \_\_\_\_\_

Name of employer: \_\_\_\_\_

Number of hours per week of employment: \_\_\_\_\_

Are you on a fixed income? Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly household income:

- \$\_\_\_\_\_ Wages
- \$\_\_\_\_\_ Retirement / Pension / Social Security
- \$\_\_\_\_\_ Child Support
- \$\_\_\_\_\_ Disability
- \$\_\_\_\_\_ SSI (Supplemental Security Income)
- \$\_\_\_\_\_ SNAP (Supplemental Nutrition Assistance Program)
- \$\_\_\_\_\_ WIC (Special Supplemental Nutrition for Women, Infants & Children)
- \$\_\_\_\_\_ TANF (Temporary Assistance for Needy Families)
- \$\_\_\_\_\_ Other
- \$\_\_\_\_\_ TOTAL MONTHLY INCOME

Average monthly household expenses:

- \$\_\_\_\_\_ Rent / Mortgage Utilities Worksheet
- \$\_\_\_\_\_ Utilities (use worksheet, right) →
- \$\_\_\_\_\_ Transportation
- \$\_\_\_\_\_ Food (for people & pets)
- \$\_\_\_\_\_ Medical Care (for people & pets)
- \$\_\_\_\_\_ Clothing
- \$\_\_\_\_\_ Household Supplies (for people & pets)
- \$\_\_\_\_\_ Entertainment
- \$\_\_\_\_\_ Property Taxes
- \$\_\_\_\_\_ Other
- \$\_\_\_\_\_ TOTAL AVERAGE MONTHLY EXPENSES

- |                           |
|---------------------------|
| \$_____ Electricity       |
| \$_____ Natural Gas       |
| \$_____ Water             |
| \$_____ Phone / Cell      |
| \$_____ Internet          |
| \$_____ Cable / Satellite |
| \$_____ Garbage           |
| \$_____ Sewer             |
| \$_____ TOTAL             |

Other current sources of public assistance:

- \_\_\_\_\_ Medicaid                      \_\_\_\_\_ Child Care Assistance
- \_\_\_\_\_ Public Housing Programs, including Housing Choice Vouchers
- \_\_\_\_\_ Other (please describe) \_\_\_\_\_

## Client Agreement

I understand that the Pay it Paw-ward Fund is provided by Hands-4-Paws, an Illinois nonprofit corporation. I certify that I have reviewed the information on this application and that the information is accurate to the best of my knowledge. If at any time my status changes I will inform Hands-4-Paws. I agree to provide proof of financial need as requested by Hands-4-Paws. I understand that if my financial information is misrepresented, I am liable for full repayment to Hands-4-Paws of any assistance funds received.

I acknowledge that any assistance given to me by the Pay it Paw-ward Fund is at the sole discretion and option of Hands-4-Paws and that dollar assistance levels and criteria for service are subject to change without notice and are subject to availability.

I hereby grant Hands-4-Paws permission to speak with my veterinarian (or clinic representative) about the animal noted in this application and other animals that currently live in the same household.

I hereby grant Hands-4-Paws permission to discuss my application with potential donors without disclosing my identity.

I have marked the appropriate column below to indicate whether or not I grant Hands-4-Paws permission to use the following information in printed and online promotional materials for fundraising purposes:

	Yes	No
My first name	_____	_____
My photograph	_____	_____
My pet's name	_____	_____
My pet's photograph	_____	_____

I consent to receive follow-up communications for updates on my pet's treatment and condition, and to participate in client surveys and testimonials. I understand that I may remain anonymous if preferred.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_