

NOTE: APPROVAL IS REQUIRED BEFORE SERVICES ARE PROVIDED

Companion Animal Resource and Education (CARE) Center
HELPING PAW FUND GUIDELINES

Thank you for your interest in the Helping Paw Fund. This fund was created to provide financial assistance to people for the care of their companion animals in times of crisis or financial instability. The CARE Center seeks to reduce the homeless pet population in East Central Illinois by 1) increasing the numbers of sterilized cats and dogs and 2) maintaining healthy relationships between people and their pets, thereby reducing the number of animals relinquished to animal shelters.

To that end, the Helping Paw Fund provides assistance for medical care, including spay/neuter surgeries, and behavioral consultations. Please read and follow the directions thoroughly; there are no shortcuts.

In order to receive assistance, you must:

1. Complete the application process.
2. Agree to have the pet spayed/neutered (if deemed medically safe for the animal), if not already spayed or neutered.
3. Agree to have the animal vaccinated, if not currently vaccinated.
4. Sign an agreement specifying expenses to be covered by the Helping Paw Fund and your responsibilities.

Key Elements of the Application Process:

1. Complete and submit the Helping Paw Fund Application. The pet's owner must provide the information requested whenever possible.
2. Provide a copy of the treatment estimate from your veterinary office. Please include symptoms, diagnosis (if possible) and degree of urgency. The CARE Center can provide assistance in locating a veterinarian if needed.
3. Provide proof of financial need, such as a statement of income and expenses, documentation of public assistance, etc.
4. Research other possible funding sources such as friends and family. Ask your veterinarian about a payment plan. Apply for a CareCredit card (www.carecredit.com, 800-677-0718) if accepted at your veterinarian's office; provide a copy of the letter of denial if applicable.
5. The pet's owner must agree to provide some portion of the treatment cost whenever possible.

Situations Not Covered:

1. You are seeking help paying outstanding bills or reimbursement for bills already paid.
2. You can afford to pay the bill for your pet's treatment, even though it will be a financial burden.
3. Your veterinarian has agreed to a payment plan for the entire amount needed.
4. You do not agree to have your pet spayed/neutered and/or vaccinated.

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5. You breed animals or plan to breed animals.
6. You are seeking help to pay for elective surgeries, such as ear cropping or declawing.

Application Review and Fund Distribution:

1. Please call the CARE Center at (217) 417-3160 if you have any questions or when you are ready to submit your application. Application submission options:
 - a. Mail to: CARE Center, PO Box 161, Urbana, IL 61803-0161
 - b. E-Mail to: helpingpaw@carecentercu.org
 - c. Fax available if pre-arranged by phone
 - d. Leave at veterinarian's office per prior arrangement with CARE Center
2. The Helping Paw Fund Committee will review complete applications and respond within 48 hours. Situations noted as emergencies by a veterinarian will receive immediate attention whenever possible.
3. Fund recipients will be required to sign an agreement outlining the treatment, funds awarded, continued care needs and commitment to abide by the complete treatment plan before payment is made to a provider.
4. The funds will be given directly to the veterinarian providing treatment.

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HELPING PAW FUND APPLICATION

Date: _____

Applicant Information

Name: _____

Street Address: _____

City/State /Zip Code: _____

Day Phone: _____ Evening 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: _____

Number of cats and dogs in household that are spayed/neutered: _____

Number of cats and dogs in household that are vaccinated: _____

How did you hear about the CARE Center's Helping Paw Fund? _____

If you have previously received assistance from the Helping Paw Fund, please provide the following details:

Date: _____ Pet's Name: _____ Amount Received: _____

Treatment Provided: _____

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Information about Pet Needing Care

Complete a separate page for each animal, if seeking assistance for multiple pets

Species: Cat Dog Other (please specify) _____

Name: _____ Breed(s): _____

Age: _____ Sex: Male Female Neutered/Spayed? Yes No

Weight: _____ How long has this pet lived with you? _____

Last date pet was seen by a veterinarian: _____

Last date pet received vaccinations: _____

Veterinarian and clinic providing most recent services: _____

Describe the pet's symptoms or problem: _____

Veterinary clinic to care for animal:

Clinic Name: _____ Veterinarian: _____

Clinic Representative: _____ Phone: _____ Fax: _____

What diagnoses and corresponding treatments are suggested by your veterinarian?

Potential diagnosis Short-Term Treatment Long-Term Treatment

How soon does your veterinarian think the pet needs to be seen? _____

Estimated monthly costs for continued care of this condition: \$_____/month

Are you able and willing to be responsible for continued care? Yes No

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Funding Request Information

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

\$_____ Amount to be paid by client

\$_____ Amount to be paid by other resources

Please describe: _____

\$_____ Amount of funding requested from the Helping Paw Fund

Outcome of application for CareCredit card (www.carecredit.com, 800-677-0718) at
veterinary clinic that will provide service:

___ approved (amount that can be deferred into a payment plan \$_____)

___ denied (provide 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 status (circle one):

full time part time seeking employment unemployed retired

Name of employer: _____

Number of hours per week of employment: _____

Are you on a fixed income? Yes No

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Monthly household income for all adults in household:

- \$_____ 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 / Property Taxes
- \$_____ Utilities (use worksheet, right)
- \$_____ Transportation (including insurance)
- \$_____ Food (for people & pets)
- \$_____ Medical Care (for people & pets)
- \$_____ Clothing
- \$_____ Household Supplies (for people & pets)
- \$_____ Entertainment
- \$_____ Other
- \$_____ TOTAL AVERAGE MONTHLY EXPENSES

Utilities Worksheet

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

Other current sources of public assistance:

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

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Client Agreement

I understand that the Helping Paw Fund is provided by the CARE Center, an Illinois non-profit 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 the CARE Center. I agree to provide proof of financial need as requested by the CARE Center. I understand that if my financial information is misrepresented, I am liable for full repayment to the CARE Center of any assistance funds received.

I acknowledge that any assistance given to me by the Helping Paw Fund is at the sole discretion and option of the CARE Center and that dollar assistance levels and criteria for service are subject to change without notice and are subject to availability.

I hereby grant the CARE Center 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 the CARE Center 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 the CARE Center 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): _____ Relation to pet's owner: _____

Signature: _____ Date: _____

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- d. Leave at veterinarian's office if pre-arranged with clinic and CARE Center