



# H.O.P.E. for Animals Application for Community Cat Assistance

We do not offer assistance for chronic illness or emergency situations.

Please contact a full service veterinarian if a community cat needs immediate care.

**Instructions:** 1. Please complete this application, AND attach proof of income ( ie: Disability statement, SSI statement, unemployment statement, or tax return). If you do not have any of these documents contact the H.O.P.E. Community Cat Coordinator at 260-440-8893 for clarification. Approval of Assistance Applications can take up to 10 business days. You must fill out this form each time you need assistance services through our Assistance Program. Application valid for 30 days from approval date.

2. Return your application AND proof of income by mail, fax, or email to:

**Address: 1333 Maycrest Drive, FW, IN 46805**

**Email: hopecommunitycats@hfafw.org**

**Fax:260-444-2395**

Caretake Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

How many cats are in your entire outdoor colony? \_\_\_\_\_

How many of these cats are already spayed or neutered? \_\_\_\_\_

These prices are for outdoor free-roaming cats only.

The surgery provided is the community cat package - which includes the spay or neuter surgery, ear tip, rabies vaccine, and microchip.

**Below are the costs for the services we provide through our Assistance Program (this is the price you will pay if you choose these services).**

**The Assistance Program is funded by donors; services are available as funds are available.**

**Allen County Residents**

- \$0-\$10 surgery for each cat
- \$5 for any additional antibiotics needed
- \$10 FVRCP vaccine

**Non-Allen County Residents**

- \$10-20 surgery for each cat
- \$5 for any additional antibiotics needed
- \$10 FVRCP vaccine

**Households with no income:**

- \$5 surgery for each cat
- \$5 for any additional antibiotics
- \$5 FVRCP

Do you have a current Veterinarian for these cats: Yes / No If so, who is that Veterinarian? \_\_\_\_\_

Total Household Income: \_\_\_\_\_ WK/ MO/ YR # of Adults in home: \_\_\_\_\_ # of children in home: \_\_\_\_\_

What type/s of government assistance do you receive, if any? \_\_\_\_\_

Are any of these on the behalf of your dependents, if so which? \_\_\_\_\_

Please provide a brief description of the reason you are requesting financial assistance: \_\_\_\_\_

**How many total cats do you need spayed or neutered?**

**Release and Certification of Information:** For value received, I/we, the caretaker(s) of the above-designated cats do hereby fully and completely

release and discharge H.O.P.E. for Animals and all persons, agents, employees, directors, and officers thereof and/or on its behalf liable from and against any and all actions, causes of action, claims, demands, assertions, contentions, suits, damages, expenses and/or losses of any kind and description which in any manner pertain to, concern, involve or relate to the care and medical treatment of this/these cat(s), including injury or death, and I/we agree to indemnify and hold harmless all entities and persons being released hereunder from and against any and all actions, causes of actions, claims, demands, assertions, contentions, suits, damages, expenses, and losses resulting from the foregoing activities. By my signature below I certify that I understand that H.O.P.E.'s assistance program is for limited income individuals only, and the information provided is accurate and complete, and that this information is subject to verification prior to approval.

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

Possible exceptions can be made for large colonies dependent upon various factors at the discretion of H.O.P.E. for Animals.

### Qualifying Programs

- Energy Assistance Program
- Food Stamps
- Major VA Disability
- Medicaid (not Medicare)
- Public School Free Lunch Program
- Section 8 Housing
- Social Security Disability (SSD) – (not S-S-Retirement Income)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Supplemental Security Income (SSI)

Household Size	Gross Annual Income	Monthly	Weekly
1	\$22,980	\$1,915	\$479
2	\$31,020	\$2,585	\$647
3	\$39,060	\$3,255	\$814
4	\$47,100	\$3,925	\$981
For each additional person	add \$8,040	\$670	\$168

<b>STAFF USE ONLY:</b>	Approved Y / N	Approving Manager: _____	Date: _____
Services approved:		Called: _____	By: _____
S/N	Microchip		
Wellness	Single dose HW prev.	Pets approved: _____	
Vaccines	Pre-anesthetic bloodwork		
Tests			
Price bracket: Allen Co. resident /out of Allen Co. resident / No income			