

Steps to the Application Process

1. The applicant will contact the veterinary practice that is treating their dog or cat and ask them if they work with nonprofit organizations for financial assistance. If they say yes, read on.
2. The applicant must read the guidelines/policies thoroughly.
3. The applicant is responsible for getting the email address from the treating veterinary practice to provide it on the application. Or the applicant will email the Veterinary Packet on page 3 to the veterinary practice that will be performing the treatment.
4. The applicant will complete the application on page 3.
5. The applicant will gather all of their required documentation to prove hardship, examples on page 3 to send with the application for assistance.
6. The application for assistance will not be responded to until Paws 4 A Cure received the applicant's application and proof of hardship documentation.
7. If all of the applicant's proof of hardship and the treating veterinary practice's required documentation are received, Paws 4 A Cure will start the application review.
8. The applicant **MUST** apply to several different financial assistance programs along with applying to Paws 4 A Cure to get the closer to their goal. Links can be found on our Helpful Resources page. **DO NOT RELY ON A PAWS 4 A CURE GRANT ONLY**

Decisions are based upon several factors, including: medical urgency, financial need, available funding, and eligibility. Due to the overwhelming number of applications we receive, we cannot help everyone.

If the application for assistance is approved

1. The applicant will receive an approval email with an acceptance letter that they are to provide to the treating veterinary practice before the treatment is performed.
2. The applicant's dog or cat will receive the veterinary treatment if they have enough funding.
3. The approved applicant will complete the requirements outlined on the approval email so that Paws 4 A Cure can create your dog or cat's fundraising page. Paws 4 A Cure cannot use your already existing GoFundMe page or another fundraising page on another platform other than created by Paws 4 A Cure. If the requirements are not received, Paws 4 A Cure is unable to fundraise for the applicant's dog or cat therefore, no payment will be released and you will be responsible for the charges. Exceptions are made for domestic violence situations.
4. Once the approved applicant receives the email that the Paws 4 A Cure fundraising page is complete. The approved applicant is **REQUIRED** to fundraise by sharing the fundraising page that Paws 4 A Cure creates with your friends and family to generate donations for your dog or cat's veterinary care. If you are in need of additional funding, you should reach out to your local news media to reach a larger audience. We do make exceptions, especially for domestic violence situations.
5. The veterinary practice will email or fax the detailed invoice to Paws 4 A Cure.
6. Paws 4 A Cure will send a check via the U.S. mail to the veterinary practice within a week following receipt of an itemized invoice emailed or faxed by the veterinary practice.
7. The approved applicant will provide Paws 4 A Cure updates on their dog or cat's health.

Application Checklist

- 🐾 Complete the application on pages four and five **(required)**
- 🐾 Copy of your license or ID for all members of your household over 18 years of age **(required)**
- 🐾 Copies of your most recent bank statement for all members of your household over the age of 18. **(required)**
- 🐾 **A letter explaining why you cannot afford the treatment on your own. (required)**

Below is a list of documents that are acceptable proof of hardship. You do not have to provide all of the documents, you just need to prove why you cannot afford to pay for the veterinary care on your own.

- 🐾 Last pay stub (if employed) for all members of your household over 18 years of age.
- 🐾 All pages of your last tax return for all members of your household over 18 years of age.
- 🐾 Letter of acceptance from any form of Social Security, proof of current Social Security, Unemployment, Disability, SNAP, Medicaid/Medicare, WIC, Public Housing, Section 8, Transitional Assistance.
- 🐾 Copy of your approval/denial letter from CareCredit (if your veterinary office accepts) for all members of your household over 18 years of age and your most recent statement.
- 🐾 A copy of the front and back of your pet's insurance card (if applicable)
- 🐾 Any document that proves that you cannot afford the veterinary care on your own or all members of your household over 18 years of age.

Do not provide any veterinary documents, that will come from the treating veterinarian.

Your completed documentation can be sent using one of the following methods:

- 🐾 Via fax (866) 799-5166
- 🐾 Scanned as a PDF file and emailed to grants@paws4acure.org

Do **NOT** mail your documents. It slows down the process. Image files must be legible (not blurry). The documentation must be close-up for Paws 4 A Cure to read. We cannot process your application if we cannot read them.

Scanners and faxes are available at copy stores, libraries, business offices and at your veterinary practice.



Paws 4 A Cure

Paws 4 A Cure Application For Assistance

*** Required Fields must be completed.**

APPLICANT'S INFORMATION (please type or print clearly)

*Applicant's Full Name:		*Phone:	
*Street Address:		Apt. or Unit:	
*City/Town:	*State:	*Zip Code:	
*Email:		*How many people live in your house:	
*Name and Age of Dependents living in the home:			
*Your Employer's Name and Phone #:			
*What is your current monthly net pay from your employer:			
*Please select the statement that applies to your normal financial situation: <input type="checkbox"/> Recent loss of job (within 6 months) <input type="checkbox"/> Major medical diagnosis <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Permanent Disabled (SSDI) <input type="checkbox"/> Temporarily Disabled <input type="checkbox"/> Veteran of the United States Military			
*Are you currently receiving: <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> WIC <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Please provide documentation if you receive any of the above.			

SPOUSE OR DOMESTIC PARTNER'S INFORMATION (please type or print clearly)

Spouse or Domestic Partner's Full Name:	
Employer's Name and Phone Number:	
What is your Spouse or Domestic Partner's current monthly net pay from their employer:	
Please select the statement that applies to your Spouse or Domestic Partner's normal financial situation: <input type="checkbox"/> Recent loss of job (within 6 months) <input type="checkbox"/> Major medical diagnosis <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Permanent Disabled (SSDI) <input type="checkbox"/> Temporarily Disabled <input type="checkbox"/> Veteran of the United States Military	
Is your Spouse or Domestic Partner's currently receiving: <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> WIC <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 Please provide documentation if you receive any of the above.	


***Please explain why your household cannot afford the veterinary care without assistance:**


PET INFORMATION One pet per application (please type or print clearly)

*Pet's Name:	<input type="checkbox"/> Dog or <input type="checkbox"/> Cat	Breed (if a dog):
*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Age:	*Spayed/Neutered: <input type="checkbox"/> Yes <input type="checkbox"/> No
*How many animals are in the household:		
*Explain your pet's illness or injury:		
*Explain the treatment already performed AND the treatment still needed:		
*What is the estimated cost of the treatment:	*What amount are you able to contribute?:	
*What amount are you asking for Paws 4 A Cure's help? (maximum \$500):	My dog is a trained service animal: <input type="checkbox"/> Yes	
*Do you have pet insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please list carrier:	
*Treating Veterinarian's Name:		
*Treating Veterinary Practice's Name and Address:		
*Veterinarian's Phone Number	Veterinary Email:	



Paws 4 A Cure Application For Assistance

After you complete the information on the first page of the application, save the completed file to your electronic device by clicking the download icon  at the top right of your screen. Select WITH YOUR CHANGES. Once saved, sign the two sections below by clicking on the signature field and use your digital signature. Email or fax both pages of this application with your proof of hardship documents. If you do not have a digital signature already set up in Adobe, you can click on the signature field and it will walk you through how to create a digital signature.

If you prefer not to create a digital signature, click the print icon  at the top right of your screen. You will sign both sections below and scan these two pages to your electronic device. Email or fax both pages of this application with your proof of hardship documents.

AGREEMENT AND SIGNATURE

By signing below, you agree to Paws 4 A Cure's guidelines and attest that the information provided is truthful. The undersigned hereby releases Paws 4 A Cure, from any and all liability related to the financial aid provided. Agree not to hold Paws 4 A Cure, its volunteers, Board of Directors, and benefactors legally liable in the unfortunate event your pet(s) succumbs to illness or injury.

*Signature: _____ *Date: _____

Please sign below to grant us your permission to use your story and/or pictures in our newsletter or on our website, without compensation. (The story and/or photos will not include your name or city/town).

*Signature: _____ *Date: _____

As a reminder, your application for assistance will not be responded to until Paws 4 A Cure receives the applicant's application for assistance AND proof of hardship documentation.