



Financial Assistance
Request Form

- * Approved pet owners will receive a one-time pet health care grant of up to one-half of veterinary care costs or a maximum of \$1500 – whichever is lower. At no time do we cover the cost of the entire procedure.
- * Grant size depends on type of illness or injury, the course of action, degree of owner need, funds available.
- * Funds are only paid to Veterinary Partners providing treatment for your pet.
- * Primary Applicant (Pet Owner) must be an Adult, over 18 years old.
- * MHPF may request additional documents from owner to document proof of financial need & eligibility.

STEP 1 PET OWNER (Primary Applicant) FILLS OUT APPLICATION & PROVIDES SUPPORTING DOCUMENTS					
REQUIRED WITH APPLICATION SUBMISSION: <input type="checkbox"/> ID <input type="checkbox"/> CareCredit Application Results (Owner & Spouse/Partner)					
REQUIRED BEFORE APPROVAL: <input type="checkbox"/> Proof of participation in a government or nongovernment subsidy & support program (see page 2)					
<input type="checkbox"/> Last Month Paystub/Proof of Income <input type="checkbox"/> Last Month Bank Statements <input type="checkbox"/> Other evidence of financial need (as instructed by MHPF)					
Pet Information		Pet Name:		Breed:	
Age:	How long have you had pet?	How many other pets in family?	<input type="checkbox"/> Cat <input type="checkbox"/> Female <input type="checkbox"/> Spayed <input type="checkbox"/> Dog <input type="checkbox"/> Male <input type="checkbox"/> Neutered		
If not Spayed/Neutered, why not?		How you got your pet? (found, rescued, purchased, gift, other?)			
Briefly Describe Nature of Illness or Injury (<i>If injury, describe how it occurred- the more information we get the faster we can process application</i>):					
Name of Regular Veterinary Office (where pet gets vaccines, exams, parasite control) – <i>If you do not have a regular veterinarian, why not?</i>					
Pet Owner/Family Information		Owner Name (<i>Primary Applicant</i>):		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior <input type="checkbox"/> Veteran <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	
Owner's Best Phone Number:	Spouse/Partner Name:		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior <input type="checkbox"/> Veteran <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed		
Spouse/Partner Best Phone #:	Owner's Home address (St.# & Unit #, Street, City, State, ZIP):				<input type="checkbox"/> Own <input type="checkbox"/> Rent
Owner Best Email Address:	Owner Income per Month: \$	Spouse/Partner Income per Month: \$	# Children in Household:	# Adults in Household:	
Spouse/Partner Best Email:	Amount Pet Family Can Contribute Today: \$	CareCredit Approved for ALL Household Members: \$	Amount from <i>friends, family, other nonprofits, etc.</i>) \$		
What will you do if you are unable to get MHPF funds to help your pet?					
<input type="checkbox"/> Euthanasia, "put to sleep" <input type="checkbox"/> Surrender to SPCA/Shelter <input type="checkbox"/> Find help from friend/family <input type="checkbox"/> Take home & treat myself <input type="checkbox"/> Sell something to get money <input type="checkbox"/> Go-Fund-Me or similar					
<input type="checkbox"/> Other, Please Describe _____					
Owner's Employer Name:		Is there other information that will help us evaluate your grant application?			
Employer Phone:					
In order for MHPF to continue helping pets like yours, telling your story for fundraising purposes is essential. As a condition of acceptance of financial assistance, you agree to provide digital photos of you and your pet or your pet with others, as well as participating in a short video interview with you or others and your pet, upon his or her recovery, to be used for ongoing fundraising and promotion, if you are asked. Follow-up after recovery is a requirement of this grant.					
I accept and approve the above. If I receive assistance, I consent to use of my pet's name, image & story by MHPF for website, PR, and other marketing purposes, AND I will cooperate with MHPF to schedule photos, interviews or video as necessary for their use.		Owner Signature:		Date:	

Please return this form (with listed supporting documents) to your veterinarian. Your veterinarian will complete the application and submit it to Max's Helping Paws Foundation along with your supporting documentation. The Foundation may contact you to get additional information if necessary to process your application.

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Documentation justifying need may include but is not limited to:

- * Proof of Income for all Adults in Household
- * Current Paystubs, Current W2s
- * Current Bank Statements
- * Documentation of existing debt for essential life needs (Medical Care, Food, Shelter, Court mandated support to others [children, former spouse/partner])

STEP 2 VETERINARY SPONSOR MUST COMPLETE BEFORE APPLICATION WILL BE PROCESSED			
Pet Information	Pet Name:	Owner Name:	
Sponsor Information	Veterinarian Name:	Veterinary Practice Name:	
Briefly describe nature of illness/injury for which you are sponsoring application. Is Abuse or Neglect a consideration? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you the Primary Care Veterinarian for this Pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please answer questions on the right	How long has owner been a client?	How long has pet been a patient?	
	Is client generally compliant with veterinary recommendations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pet current on recommended preventive health plan <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly describe Plan (evaluation, treatment, recovery- as applicable):			
Estimated duration of Plan: _____	Estimated Cost Range: \$ _____ to \$ _____	Is ongoing care needed after the plan is complete? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		If Yes, Is the cost of this ongoing care included in estimate? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Prognosis with Plan: <input type="checkbox"/> Excellent >75% <input type="checkbox"/> Good/Guarded >50% <input type="checkbox"/> Poor/Grave <50%	To the best of your knowledge does owner have financial need and meet eligibility criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you recommend approval of application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments: <input type="checkbox"/> STAT Review Needed			
Veterinarian Signature:			Date:

FOR VETERINARY SPONSOR:

Minimum requirements = Applicants (& spouse/partner) must provide identification & results of CareCredit Application. Financial need will then be evaluated on guidelines including but not limited to the below. Applicants unable to document current participation/enrollment in above programs may have a total household income up to 250- 300% of the Federal Poverty Guideline for the year application is submitted with need assessment on a case-by-case basis. Once a decision on the application has been made, we will notify the Veterinary Sponsor, so care can be initiated.

Current Participation/Enrollment in any of the following government and nongovernment subsidy and support programs shall be considered adequate to document financial need.	California Department of Health Care Services – Medi-Cal [Excluding Tax Credit Programs] for: (a) Aged and Disabled (b) Children and Families (c) Former Foster Youth (d) Pregnant Women (e) Working Disabled (f) Seniors (SSI Eligible) (g) Access for Infants and Mothers (AIM)
Monterey County Community Action Partnership – CalWORKS	Covered California Silver Plans, American Indian Plan and for Alaska Natives Plans
PG&E REACH	CalFresh Supplemental Nutrition Assistant Program (SNAP, formerly food stamps)
PG&E CARE	County Children’s Health Initiative Program (C-CHIP / CHIP)
Cal-Water Low-Income Rate Assistance Program (LIRA)	USDA/California School (breakfast &) Lunch Program
Health and Human Services – Home Energy Assistance Program (HEAP)	Community Housing Improvement Systems and Planning Association, Inc (CHISPA)

Please return this form (with any supporting documents & medical record) to: vets@maxshelpingpaws.org or FAX 831-233-3644

****Form is CONFIDENTIAL Once Submitted to MHPF****