

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 proportion 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. The Helping Paw Fund strives to help people and pets who are truly in need.

**Requirements:**

1. Complete the application process.
2. The animal receiving assistance must be spayed/neutered or you must agree to have the pet spayed/neutered if deemed medically safe for the animal.

**Key Elements of the Application Process:**

1. Complete the Helping Paw Fund Application. The pet's owner must complete the application whenever possible.
2. Provide a copy of the treatment estimate from your veterinary office. Please include symptoms, diagnosis (if possible) and urgency. The CARE Center can provide assistance in locating a veterinarian as needed.
3. Provide proof of financial need, such as a statement of income and expenses, government assistance documentation, etc.
4. Research other possible funding sources such as friends and family. Ask your veterinarian about a payment plan. Apply for Care Credit at your veterinarian's office; provide a letter of denial if applicable.
5. The pet's owner must agree to provide some portion of the treatment cost or, if that is not possible, to donate his/her time to help an animal welfare organization.

**Situations Not Covered:**

1. Help paying outstanding bills or reimbursement for bills already paid
2. You can afford to pay the bill for your pet's treatment, although it may be a financial burden
3. Care Credit was approved for entire amount needed
4. Your veterinarian has agreed to a payment plan for the entire amount needed
5. You do not agree to have your pet spayed/neutered
6. You breed animals or plan to breed animals
7. Elective surgeries

**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](mailto:helpingpaw@carecentercu.org)
  - c. Fax available if pre-arranged by phone
  - d. Pick-up from your veterinarian's office available if pre-arranged by phone
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 are required to sign an agreement outlining the treatment, funds awarded, continued care needs and commitment to abide by the complete treatment plan.
4. The funds will be given directly to the veterinarian providing treatment.
5. See the application for additional fund requirements.

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

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

Applicant Information

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

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

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Are you 65 years or older? Yes No

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

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

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

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: \_\_\_\_\_

Information about Pet Needing Care

Species: Cat Dog

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: \_\_\_\_\_

Description of current symptoms and diagnosis if known: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treatment plan: \_\_\_\_\_

\_\_\_\_\_

Long-Term treatment plan for continued care: \_\_\_\_\_

\_\_\_\_\_

Estimated monthly costs for continued care: \$\_\_\_\_\_/month

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

Veterinary Clinic to Care for Animal

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

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Funding Request Information

\$\_\_\_\_\_ Estimated cost of treatment

\$\_\_\_\_\_ Amount to be paid by client

\$\_\_\_\_\_ Amount to be paid by other resources

Please describe: \_\_\_\_\_

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

Proof of Financial Need (provide supporting documents)

Please describe your employment status: \_\_\_\_\_

\$\_\_\_\_\_ Monthly household income

\$\_\_\_\_\_ Monthly household expenses

Do you currently receive any government assistance?    Yes    No

If yes, please list sources of assistance and income: \_\_\_\_\_

Outcome of application for Care Credit at veterinary clinic that will provide service:

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

\_\_\_ denied (provide letter of denial)

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

\_\_\_ approved                      \_\_\_ denied

Are you willing to volunteer your time to the CARE Center or other local animal welfare organization if funding is provided? Yes    No

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 the veterinarian (or clinic representative) who will provide care about the animal noted in this application and other animals that currently live in the same household that the veterinarian or clinic has examined.

I hereby grant the CARE Center permission to discuss my application with potential donors without disclosing my identity.

I will contact the CARE Center after my pet has been treated to report the condition of my pet and possibly provide a testimonial letter with picture for fundraising purposes (letter can be anonymous if preferred).

Name (print): \_\_\_\_\_ Relation to pet's owner: \_\_\_\_\_

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