



Community Cat Program Financial Assistance Request

<i>For Clinic Use</i>	
Acct: _____	
Co-Pay Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Initials: _____	

FACE is a nonprofit provider. We rely on service fees and donations to keep our community cat program operating. Limited financial assistance for the TNR/Community Cat Package may be provided to community cat caretakers as funding allows. Caretakers should notify staff if financial assistance is needed. To receive financial assistance, please complete this form and present documentation to support financial need.

Caretakers receiving financial assistance will be required to pay a co-pay of \$15.

Please have your photo I.D. and documentation of financial need ready. Documentation may be in the form of food stamps, Medicaid documentation, HIP cards, or an assistance award letter.

Caretaker's Information

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

Number of cats in colony: _____ Number of cats in need of TNR: _____

Documentation

_____ Supplemental Nutrition Assistance Program (SNAP)	_____ Supplemental Security Income (SSI)
_____ Medicaid or Healthy Indiana Plan (HIP)	_____ Social Security Disability (SSD)
_____ Major VA Disability	_____ Referral letter from S.O.A.R.
_____ Section 8 Housing	_____ Referral from another social services agency.
_____ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Agency Name: _____

I agree to all of the following. Please initial each line.

_____ To the best of my knowledge, this is an unowned cat.

_____ I recognize and understand that unowned cats receive special pricing made possible by donations to FACE Low-Cost Animal Clinic.

_____ I have agreed to follow all guidelines put forth by the FACE Low-Cost Animal Clinic community cat caretaker agreement. If I violate the guidelines or city ordinance for community cats my assistance may be revoked at any time.

Caretaker Signature: _____ Date: _____

Approved by (please print): _____ Date: _____

Please place the completed form in the Program Operations Manager's mailbox.