Harley's Hope Foundation Assistance Application and Process

- 1. If applying for financial assistance with major veterinary care or training, please first contact us via phone 719-495-6083 or 719-362-6335 (after hours) to determine if funding is available and if new applications are being accepted. If you are dealing with a veterinary emergency, it is your responsibility to get your animal to a veterinary provider and to pay to determine diagnosis and prognosis for survival.
- 2. If you are applying for emergency foster care and receive the voice message, please leave a detailed message and your call will be returned as quickly as possible. Do not complete the application until you hear from us. Foster care placement is contingent upon available space and proof that your animal is healthy and socialized.
- 3. In order to qualify, applicants must submit a completed application and proof of their financial need. For veterinary cases, the application must also include their veterinarian's notes with a diagnosis, prognosis of fair or better, and a written estimate for treatment. HHF funds are for the treatment of survivable conditions only we do not pay for exam fees, x-rays, bloodwork or other diagnostics. If qualified, complete the application in its entirety. Do not leave questions unanswered. If they do not apply to your case, simply indicate so. Applications that are not complete or are not accompanied by the required documentation will not be reviewed.
- 4. HHF does not accept dental cases or cases with conditions that could have been prevented via routine care including, but not limited to, pyometra, birth and pregnancy complications, testicular or prostate cancer, mammy gland tumors. If an animal sustains an injury due to the human's neglect, hit by a car because dog not on leash or in fenced yard, animal was stepped on, or injured due to unsafe living conditions, we will not consider assistance.
- 5. If you do not qualify, please proceed to the Resources tab on the home page of the Website and click on the Pet Resources Directory. This will take you to the directory which includes numerous listings for other pet assistance programs. **Do not complete** the Application for Services if you do not qualify.
- 6. If approved for assistance, you will receive no more than \$500 per animal in any given year. No one is guaranteed \$500 rewards vary based on number of cases pending and available resources. You must apply only after receiving an estimate and diagnosis for survival of fair or better (exceptions may be available for medical service animals and pets living seniors or individuals with documented disabilities please call to see if you qualify). If the estimate for treatment exceeds HHF's award, it is your responsibility to apply for and secure additional funding BEFORE HHF funding will be released to the service provider. If the diagnosis for survival is guarded or poor, HHF will not approve funding. Our mission is to keep pets alive and in their homes, not simply to pay bills.

- 7. If approved for funding for veterinary or training assistance, the procedure or training must begin within 21 days of approval. We cannot and do not hold funding as we receive applications and inquiries on a daily basis.
- 8. If approved for emergency foster care, please note that we can only keep animals for two months or less. We are not equipped to provide long-term care. If we take your animal into foster care and you fail to stay in touch or reclaim your pet at the agreed upon date, HHF will surrender custody of the animal to a local shelter or rescue for rehoming. All animals coming into emergency foster care must be current on vaccinations, in good health (some chronic health conditions may be accepted), and be well socialized. We cannot accept pets with severe separation anxiety, a history of biting or attacking, or aggression towards other animals.
- 9. Clients receiving assistance from HHF will be required to give back by volunteering time based on the value of assistance received.

Harley's Hope Foundation

Application for Assistance

Applicants to *Harley's Hope Foundation* must complete the following application and <u>provide proof of financial</u> <u>need and veterinary notes with diagnosis, a prognosis of fair or better, and an estimate for veterinary cases.</u>

Our funding is for treatment of survivable conditions only. Failure to complete all questions may result in request being denied. In addition, applicants must research all financial options - credit cards, Care Credit, loans from friends or family members - before requesting funding from *Harley's Hope Foundation*.

Please fax completed application and required attachments to (719) 495-5945, email to services@harleyshopefoundation.org, or mail to Harley's Hope Foundation, P.O. Box 88146, Colorado Springs, CO 80908.

Applications will not be reviewed until proof of financial need and other required documentation is received. For a current list of accepted public assistance, please visit our website www.harleyshopefoundation.org/services.htm. Please note: HHF will not reimburse for veterinary care already rendered nor will we pay for cremation services.

HHF assistance is not intended to replace routine care. We focus on assisting pet guardians with a history of taking care of their pets, who are facing situational changes/challenges that make it impossible to provide care at this time.

Name	Phone #						
Address	C	lity		State	_ Zip		
Email address							
Pet's Name			_Pet'sAge				
Species	Gender		Spayed/Neuter	ed?	Yes	No	
Color	Breed		Long/Medium	/Short-haired ((circle one))	
Is this a Service Animal rec with Disabilities Act, a serv the person's disability)	vice animal is a dog or i	miniature horse	e, individually t	rained to perfo	rm tasks r	elated to	
Are you seeking funding fo	•						
Please describe medical or	behavioral issue						
If seeking temporary foster	care, why and for how	long?					
Has the animal been seen b If yes, who and when?			No				
If behavioral issue, has the If so, who and when?					nal? Yes	No	
Estimated cost of treatment	/training						
Estimated cost of treatment	(Attach paperv	work from vete	rinarian/trainer	if applicable)			
Household income \$	n	nonth or year?	(Include sign	ificant other/sp	ouse's inc	ome)	
Are you employed? Ye	s No If		y hours per wed			b)	

Name/address of employer
Are you receiving public assistance of any type? Yes No If yes, what kind, how much is received and how often? \$
What is your primary source of income?
How many other people live in household? How many are adults?
Do they work? Yes No If no, why not?
Do you own or rent your home? Do you own a vehicle? Yes No
How many other pets are in household? What species?
Are all pets spayed or neutered? Yes No If no, why not?
Are cats kept indoors? Yes No Do dogs ride in back of trucks? Yes No
Are dogs kept outside? Yes No Are dogs kept on chains? Yes No
If pet's injury was caused to home environment or practices such as broken glass in yard, being allowed to roam free, exposure to household toxins/hazards, are you willing to correct condition? Yes No
Do you provide your pets with regular veterinary care? Yes No If no, why not?
When is the last time your pet was seen by a veterinarian for a full wellness exam?
Please list name, phone number, city and state of pet's veterinarian/clinic
(Applicants must have an established relationship with a veterinarian in order to qualify for assistance. Pleanote we will contact your veterinarian to confirm that they have treated your animal. If you have recently made and have not yet found a veterinarian in your new location, please list your most recent veterinarian.)
Are you or anyone in your household a smoker? Yes No (Money spent on cigarettes can be saved up instead and used to provide your pet veterinary care. In addition second-hand smoke poses a health risk to your pet.)
Has your home been pet-proofed, i.e., electrical cords covered, heavy objects anchored to wall, hazards and or toxins removed or secured, yard cleared of debris, sharp objects, pesticides, etc.? Yes No If no, why not?
You must have exhausted all other options prior to applying to Harley's Hope Foundation. Have you requested financial assistance from other agencies, including Care Credit, credit cards, or individuals to treat this particular issue? Yes NO If yes, who and when?
How much, if any, was received from these other sources? \$
Have you asked family/friends to help you with your pet's veterinary/behavioral care? Yes No

if yes, why can t/won t they help?					
Have you or will you consider selling belongings/a If no, why not?			vioral care?	Yes	No
In the case of veterinary treatment/surgery, are you Yes No How will you finance this continuing treatment?	ng care if you can	_			
Please note that additional veterinary expenses can expenses may include follow-up care with your reg Are you prepared and willing to follow-through wi euthanize your pet once treatment has begun except	gular veterinarian, ith the full prescril	oxygen treatmoed course of t	nent, surgery, reatment, <u>an</u>	and reh	abilitation.
If you are not able to care for your pet, are you wil including a legitimate, limited admission animal re		aid pet to anot Yes	her party tha No	t can pro	ovide care,
Have you ever been convicted of animal abuse or If yes, you are not eligible for assistance through		Yes oundation.	No		
 Grant permission to use your/animal's permission. Write a Thank You and/or Testimonial. Volunteer time with Harley's Hope. Ple explanation of each): Special Events Colorado Kitty Pot Short-term pet care Fundraising Special skills or contacts you ma Consider a future monetary donation with the context of the con	ease check the iter by have: Explain hen your financia HHF representa ack from you afte ince from Harley umber change du	ns below you al situation in tive within 1 er two attemp s Hope Foun ring the 12 m	are able to o proves. week, 6 mon ts to comple dation. onth post-as	ths and te these	1 year calls, you
Are you willing to agree to all requirements?	Yes No				
I, certify that the answers on this application of provide false answers, Harley's Hope Found obtained under fraudulent means. Further its service providers (veterinarians, trainers emergency foster care, or behavioral training ill or injured while in our care.	lation <u>will take</u> more, I agree to s, and fosters) fr	legal action release Har om liability	to recoup they's Hope should the	and if I he fund Founda veterina	willingly ing ation and ary care,
Signature of pet's legal guardian		ite			

Harley's Hope Foundation Client Volunteer Agreement

All clients receiving assistance from Harley's Hope Foundation are required to write thank you notes/testimonials for our use and are asked to volunteer time with the organization as a way of giving back and helping us help others. Even if you are unable to complete hours equal to the services your pet received, any volunteer time you can give helps us continue providing our services to the community.

Some of the activities that you may be asked to do are:

Special Events – clients are needed to volunteer at community events, usually in 4 hour increments. This task will involve communicating with the public, explaining what HHF is and does, selling fundraising items, and, possibly setting up and taking down the booth. Events are seasonal, beginning in late April through late September. This task is for clients in Southern Colorado.

Colorado Kitty Pot (catnip) – HHF launched Colorado Kitty Pot in 2014. This social enterprise raises money through the packaging and branding of catnip and catnip products for sale to the public and to retailers. These tasks are on-going and year-round for clients in Southern Colorado. Clients who choose to volunteer in this area may do the following:

- Labeling bags labels must be placed on the front and back of bags neatly and evenly. This can be done at volunteer's home.
- Examining bags once labels have been affixed, volunteers check the bags for neatness. This can be done at volunteer's home.
- Opening bags before the bags can be stuffed with catnip, the "zipper" closure must be opened. This can be done at volunteer's home.
- Stuffing bags each bag is stuffed with 1 ounce of catnip, the top cleared off, weighed, then the bag zipper closed. This must be done at the HHF office in Black Forest, CO.
- Count and package finished bags bags must be accurately counted and then packed in boxes for shipping to retailers. This must be done at the HHF office in Black Forest, CO.

Donor Thank You Notes – All clients will be required to write generic thank you notes to HHF donors for inclusion in tax letters.

Pet Care – come to the HHF office and walk foster dogs, visit with foster cats, groom animals, and help clean up their living area.

Fundraising – set up a bake sale, pet food drive, other type of activity to help increase knowledge of Harley's Hope Foundation and to help raise funds for other animals in need. Activities can be held outside of Southern Colorado with funds mailed to HHF and photos of activities emailed for use on our Facebook page.

Other - Do you have special skills or talents? Can you design flyers and posters? Do you sew? Are you a budding photographer? Are you a master baker? Do you have better than average writing skills that would allow you to help with writing grant proposals or articles for our e-newsletter? Do you know of places you can distribute HHF fliers? Stores that would like to sell Colorado Kitty Pot or merchandise? Do you know anyone in media that can						
help spread the story of HFF? If so, let us know!						
	t volunteer agreement. Furthermore, I release Harley's Hope and service providers, from liability arising from injuries that may be printed name below signifies agreement.					
Client's Printed Name	Date					