

Neil's Helping Fund Application

EMERGENCY ASSISTANCE PROGRAM



QUESTIONS ABOUT THE APPLICATION?

Call Us: 301-387-7729
Email: info@hartforanimals.org
Online: www.hartforanimals.org

NEIL'S HELPING FUND PROGRAM is a NO-COST program for those qualifying based on income. See *Financial Information below*. If you qualify, the program will pay up to \$1,000 for an emergency procedure for an owned cat or dog. See the guidelines under Financial Information to determine your eligibility.

PLEASE NOTE: This grant covers life-threatening care such as obstructions, broken bones, stitches, poison, etc. Terminal illness, pre-existing conditions and chronic ailments are not included. Excludes preventative care, vaccines, and ongoing medications after the initial prescription. Only a HART veterinarian approves the funding for each pet.

Your Information

NAME		EMAIL	
ADDRESS		PHONE	
CITY		STATE	ZIP CODE
HOW MANY PEOPLE ARE IN YOUR FAMILY?			

Pet Information

CIRCLE OR HIGHLIGHT EACH

PET NAME	BREED	AGE	Male / Female	Dog / Cat
PET NAME	BREED	AGE	Male / Female	Dog / Cat

Current Veterinarian (if you have one) NAME: _____ PHONE: _____

Financial Information

Neil's Helping Fund is a program based on income, regardless of residency. You are eligible for this program if your income is \$10,000 or less above Maryland WIC guidelines.

Check the category that applies. Guidelines are updated when WIC is updated and effective until June 30, 2022.

- SINGLE (\$33,828 or less a year)
- FAMILY OF 2 (\$42,227 or less a year)
- FAMILY OF 3 (\$50,626 or less a year)
- FAMILY OF 4 (\$59,025 or less a year)
- FAMILY OF 5+ (Add \$18,399 per family member)

PROOF OF INCOME: Provide a copy of one of the following:*

- Last year's 1040 Income Tax Form
- Proof of Social Security, Food Stamps, or SSI benefits
- Pay Stubs (last 3 months)
- W-2 Forms for Family

* Additional information may be requested to help determine eligibility in certain circumstances.

Income Guidelines*

Neil's Helping Fund is a program based on income, regardless of residency. You are eligible for this program if your income is \$10,000 or less above Maryland WIC guidelines. See the chart below for qualifying income range. The program ends once grant funds are depleted.

SINGLE	\$33,828 or less a year
FAMILY OF 2	\$42,227 or less a year
FAMILY OF 3	\$50,626 or less a year
FAMILY OF 4	\$59,025 or less a year
FAMILY OF 5+	Add \$18,399 per family member to the amount for Family of 4

* Guidelines are effective until June 30, 2022 and show maximum qualifying income \$10,000 above Maryland WIC Guidelines. Visit the Maryland Department of Health website at <https://pha.health.maryland.gov/wic/> for more.



The Neil's Helping Fund program is made possible through a grant from the Banfield Foundation.

Terms & Conditions

1. HART For Animals, Inc. reserves the right to limit the number of spay/neuter surgeries per family to a maximum of six (6) pets, under seven (7) years of age.
2. Neil's Helping Fund does not include or cover feral cats.
3. All pets must live in the same household as the signatory.
4. Neil's Helping Fund requires the applicant to schedule an appointment prior to spay/neuter services. Appointments can only be re-scheduled by calling 24 hours in advance; otherwise, the appointment will NOT be rescheduled.

POST-SURGICAL PICK-UP: I understand that Neil's Helping Fund will pay for the veterinary costs associated with the emergency procedure(s) performed under this program for up to \$1,000, and that I will be responsible for paying any additional costs. This payment will be made at the time of procedures. Vaccines are not included.

APPLICANT SIGNATURE: _____ DATE: _____

AUTHORIZATION: I authorize HART for Animals, Inc., and all participating veterinarians, employees, and volunteers to receive, prescribe for, treat, or operate upon my pet(s) when presented per this agreement. I agree to hold harmless, and release HART for Animals, Inc. and all participating veterinarians, employees, and volunteers, from and against all actions, damages, disabilities or expenses, including attorney's fees and witness costs that may be asserted by any person or entity including myself, arising out of or in connection with the care, treatment, surgery, or safe-keeping of the animal(s). Further, I understand that it is not possible for HART to guarantee that any medical or surgical procedure will be successful and without complication.

I have read and understand the above paragraphs.

APPLICANT SIGNATURE: _____ DATE: _____