



Veterinary Care Grant Application

Sam's Hope

901 A East Willow Grove Avenue

Wyndmoor, PA 19038

www.samshope.org / samshope.org@gmail.com

You **MUST** be a resident of Bucks, Montgomery and Philadelphia Counties in Southeastern Pennsylvania, qualify as low-income (see chart below), and meet at least one of the following to qualify for veterinary care assistance.

- You are unemployed/underemployed
- You are receiving government assistance
- You are disabled and on a fixed income
- You are a senior citizen on a fixed income
- You are homeless

Applicant **MUST** provide:

- Proof of identification, (driver's license, or other photo identification with name and address)
- Recent proof of income for ALL ADULTS IN HOUSEHOLD, (check stub, tax return, W-2, 1099)
- Proof of qualifying benefits, (Medicaid, Unemployment, Food Stamps, SSI)
- Diagnosis, prognosis and treatment plan from veterinarian
- Care Credit denial / approval
- Six photos; pet alone and with family
- Veterinarian's name, address and phone number
- Completed veterinary care assistance application
- Updates, photos and video of pet, if Sam's Hope is able to help

If we do not receive ALL required information, your application will not be considered..

Family Size	Yearly Income
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380
Over 8, add per child	+\$4,160

If you meet the above eligibility requirements, please complete the following veterinary care grant application.

Sam's Hope is registered as a 501(c)(3) non-profit organization. Contributions to Sam's Hope are tax-deductible to the extent permitted by law. Sam's Hope Tax ID Number is 45-4442014.

Applicant Information

Name _____ Date _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Phone () _____ E-mail _____

Pet Information

Name of Pet _____ Type - Dog Cat
Age of Pet _____ Breed _____ Spayed/Neutered? _____

Description of Pet's Illness, Injury, Diagnosis, etc.

Is Medical Treatment Urgent – Yes No Estimated Total Cost of Treatment _____

Are You Willing to Contribute 10% to the Cost of Treatment? _____

Is Follow-Up Care Required? _____

Are You Willing to Contribute 10% to the Cost of Follow Up Care? _____

Are you willing to bring your pet to our veterinary partners for treatment? _____

Veterinarian Information

Veterinarian's Name _____
Address 1 _____ Address 2 _____
City _____ State _____ Zip _____
Phone () _____ E-mail _____

Financial Hardship – Describe in detail

Your application is **NOT** complete until we receive evidence of financial hardship.

By signing this application, you attest that:

- All information provided is true, complete and correct.
- You have reviewed the eligibility requirements for veterinary care grants, and meet the qualifications.
- You understand that the grant will be paid directly to the treating veterinarian.
- You agree to pay 10% of treatment and follow up care, and for the remainder of medical costs not covered by the grant.
- You agree that Sam's Hope is not liable for the outcome of any medical diagnosis, treatment, etc.
- You consent to allow Sam's Hope to use pictures, medical information for the purposes of fundraising and promotion.

Signature _____ Date _____

Office Use Only

Date of Application _____ Reviewed by _____ Approved by _____

Notes _____
