

CARE'S LILLIE'S FUND: A Financial Assistance Program for Pet Spay/Neuter

Name: _____ Where did you get this application? _____

Physical Address _____ City: _____ Zip: _____

Mailing Address(if different) _____

Daytime phone: _____ Evening phone: _____ Email: _____

Your age: _____ Number of adults in household: _____ Number of children in household: _____

Important note about privacy: The information you provide will be used only for determining eligibility and will not be used for any other purposes. For additional protection of your private information, please mark through the Social Security or Medicaid numbers on all copies of documents.

What photocopied documents are you enclosing with your application for proof of eligibility?

Adult Medicaid card: _____ Food Stamps Card: _____

Copy of page 1 of Income Tax Return for each adult in your household: _____ (only needed if you don't have Medicaid or Food Stamps card.)

What is your current annual income from all sources (before taxes)? _____

Note about income: If you think you qualify based on your current income but did not file taxes, your income has decreased since your last income tax return, are unemployed or prefer not to send your tax return, please enclose a letter of explanation and your best proof of eligibility (W-2, check stubs, etc.)

Please list any other assistance programs you get help from: _____

Please list your pets that need spay/neuter surgery*

Dog/Cat	Name	Sex	Description/Breed	In Heat/Pregnant	Age*	Weight	CARE use only

***Please specify age for kittens or puppies 4 months or younger.**

I understand that Lillie's Fund is for pets owned by me—the applicant.* The information I have provided about myself, my pets and income is accurate and truthful. I have enclosed a copy of my Medicaid or Food Stamps card or the best proof I have of my household income. Fraudulent use of Lillie's Fund will result in services charged to me at full price and possible legal action against me and others involved in the fraudulent use of vouchers.

Signature: _____ Date: _____

Office use only:	Date:	Check/Cash:	Comments:
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***Contact CARE at 542-5757 or www.chathamanimalrescue.org for assistance with feral or stray animals.**