



CARE'S LILLIE'S FUND

A Financial Assistance Program for Pet Spay/Neuter

Name: _____ Where did you hear about CARE? _____
 Street Address: _____ City and Zipcode: _____
 Mailing Address: _____ City and Zipcode: _____
(if different) _____
 Daytime Phone: _____ Evening Phone: _____
 Email Address: _____ Your Age: _____
 Number of Adults in Your Household: _____ Number of Children in Your 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 HOUSEHOLD 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.)*

List Any Other Assistance Programs Giving You Help: _____

Identify Your Pets That Need Spay/Neuter Surgery*

| Dog/Cat | Name | Sex | Description/Breed | In Heat/Pregnant | Age* | Weight | CARE Use Only |
|---------|------|-----|-------------------|------------------|------|--------|---------------|
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* 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. 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 from all sources**. 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: _____

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|------------------|-------|-------------|-----------|
| Office Use Only: | Date: | Check/Cash: | Comments: |
|------------------|-------|-------------|-----------|