

THE \$20 FIX: AnimalKind's Financial Assistance Program for Pet Spay/Neuter

Your Name			Where did you get this application?			
Physical Address (of your home)						
City		State	Zip	In what county do you live?		
Mailing Address (if different from physical address):				City:	State:	Zip:
Daytime Phone		Evening Phone		E-mail		
Your Age	Number of Adults in Household (including you)		Number of Children in Household			
<p>Only in extreme circumstances, AnimalKind may be able to reduce the \$20 co-pay (the amount you pay). <input type="checkbox"/> YES, please have someone contact me about reducing the copay.</p> <p>Check here if you would like to receive your voucher from THE \$20 FIX and information packet by e-mail <input type="checkbox"/></p>						
<p>Important note about privacy: The information you provide will be used only for confirmation of your eligibility and will not be used for any other purposes. For additional protection of your private information, please mark through the Social Security numbers on all copies of documents.</p> <p>Provide a copy of the card or qualifying letter that proves a member of your household participates in one of the following programs to qualify:</p> <p style="text-align: center;"> Adult Medicaid <input type="checkbox"/> Child Medicaid (Health Choice) <input type="checkbox"/> Food Stamps <input type="checkbox"/> </p>						
<p>OR, To qualify by income please provide a copy of page 1 of Federal Income Tax Return for each adult in your household.</p> <p>What is your current household income per month from all sources (the amount before taxes are taken out)? _____</p> <p>Note about Income: If you think you qualify based on your current income but did not file taxes, or your income has decreased since last tax return, please enclose a note of explanation and your best proof of current income (for example, copies of W-2 forms, check stubs, SSI benefit letters).</p> <p>Please check here if you are a full-time student <input type="checkbox"/></p>						
<p>Please list your pets that need spay/neuter surgery:</p> <p>We cannot issue vouchers for feral or stray cats or dogs. Please contact SpayNC Helpline at 1-888-623-4936 (1-888-NC FIX EM)</p>						
Dog or Cat	Pet's Name	Sex	Description or Breed	Pregnant? In Heat?	Approx. Age	Approx. Weight
<p>I understand that THE \$20 FIX vouchers are for pets owned by me—the applicant. The information I have provided about myself, my pets, and my household income is accurate and truthful. I have enclosed a photocopy of my card or qualifying letter or the best proof I have of my total household income. Fraudulent use of THE \$20 FIX program 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.</p> <p>Signature: _____ Date: _____</p>						
<p>Please email, text, fax or mail your completed application and copy of qualifying documents to: AnimalKind--THE \$20 FIX, PO Box 12568, Raleigh, NC 27605. If you need help filling out application, please call 919-870-1660 or 1-877-870-1660 (toll free) or email: thefix@animalkind.org or text to 919-870-1660 or fax to 919-890-0705 and please contact us to confirm that we receive your fax. Please do not mail payment with application.</p>						
(Office use only--Form 3-15-2017) Reviewer		Date	Approved Assistance ___ Income ___ Both ___	Denied	Professional Referral (Name/Position/Contact Info)	

How do I use THE \$20 FIX pet spay/neuter program?

1. Complete this application and email, text, fax or mail to: AnimalKind--THE \$20 FIX, PO Box 12568, Raleigh, NC 27605
If you need help filling out the application, please call 919-870-1660 or 1-877-870-1660 (toll free) or **email:** thefix@animalkind.org or **text** to 919-870-1660. **Fax** to 919-890-0705.

2. You will receive the voucher(s) by email or mail:

If you are not accepted into THE \$20 FIX program, you will be notified. If your application is approved, you will receive the voucher(s) within 2 weeks. The voucher works like a "coupon" for your pet's surgery. It is accepted only at participating vets, can be used for your pet only, and is valid for **3-6 months**. You can call to extend the expiration date.

3. You call a participating veterinarian to make an appointment:

You will receive a list of participating vets with your voucher. Call to make your vet appointment immediately after receiving your voucher. Appointment space may fill up fast and your voucher has an expiration date!

Your pet must be at least 3 months old to get spayed or neutered. Minimum weight varies by vet—generally 2 pounds for a cat and 2-10 pounds for a dog. (Minimum age for a rabies shot is 4 months.)

The vet can answer any questions about spay/neuter surgery and your pet's health.

4. You take your pet(s) to the vet appointment:

Take cash or credit card with you for your co-payment. You must pay the co-pay indicated on your voucher per pet in cash or credit card to the vet when you drop off your pet.

Take your pet's current rabies certificate if you have one. If you do not have rabies paperwork with you, the vet may give your pet a rabies shot, as required by law—and the cost is covered by your co-pay. (The rabies tag is not sufficient proof of vaccination.)

Be on time for your vet appointment! If you must cancel, be sure to call the vet several days before the appointment so someone else's pet can use the space!

Do I qualify for THE \$20 FIX pet spay/neuter program?

You must be a resident of Alamance County in North Carolina to participate in THE \$20 FIX.*

You must own the cat or dog. THE \$20 FIX cannot provide assistance for stray or feral animals and you cannot apply for vouchers to use for someone else's pet.*

THE \$20 FIX program is for residents who have no other options for financial assistance for pet spay/neuter. Our funds are limited so it is important that we serve those who need our help the most.*

College students who receive any financial support from parents are not eligible for THE \$20 FIX unless their parents also qualify financially.*

There are two ways to qualify: (Note: Copy machines are often found at libraries, post offices, drugstores, and office supply stores.)

1. Enclose proof of participation in an assistance program. Participation in one of the following programs will qualify your household automatically: Adult Medicaid, Child Medicaid (NC Health Choice) or Food Stamps.

2. OR, Enclose a copy (just the first page) of the last Federal tax return of each adult in your household. To qualify without public assistance, the combined gross income (amount before taxes are deducted) for your entire household must fall within these guidelines:

1-person household (you).....	\$27,180 or less
2-person household	\$36,620 or less
3-person household	\$46,060 or less
4-person household	\$55,500 or less
5-person household.....	\$64,940 or less

Please contact us for guidelines if more than 4-person household.

If you qualify by current income but did not file taxes, or your income has decreased since your last tax return, please enclose a note of explanation and your best proof of income (W-2's, check stubs, SSI benefit letters, etc.)

*Please contact SpayNC Helpline at 1-888-623-4936 (1-888-NC FIX EM) or visit <http://animalkind.org/map.html> for information about programs available to residents who do not qualify for THE \$20 FIX, live in other counties, or need help with feral or stray animals.



919-870-1660 or 877-870-1660

thefix@animalkind.org

www.animalkind.org

Application for Alamance County