

## **Building A Bond Between Species (B.A.B.B.S.) Request for Emergency Aid**

If emergency veterinary aid is granted, some or all charges, up to \$400, maybe paid to veterinarian on your behalf. Repayment is based on income and there is no interest. Payments are due the 15<sup>th</sup> of each month.

**Qualifications-** Individuals only. Organized rescues are ineligible to receive or apply for emergency aid. Any current, and for a period of one (1) year post, Board members, officers, or employees of B.A.B.B.S., and their extended family members (spouse, children, siblings, parents, in-laws, step-family) are not eligible to receive or apply for emergency aid. *\*The only exception for current, and one (1) year post, Board members, officers, or employees of B.A.B.B.S., and their extended family members is a declared natural disaster, at which time only current board members, officers, and employees and those who reside in their household are not eligible to receive or apply for emergency aid. Once the declared natural disaster is lifted, qualifications resume as stated above.\**

**Limits-** Applicants receiving feed are eligible to reapply for after a period of 6 months from the date aid is received. Applicants who show a pattern of repeat needed assistance, 3 or more applications with in a 24 month period, will need to go through an in home evaluation & counseling by a member of the Board. Applicants receiving veterinary assistance are eligible to reapply after repayment in full.

### **Application Process**

To apply for emergency veterinary aid or emergency feed aid, complete and return this form to:

**[babbs@buildingabond.org](mailto:babbs@buildingabond.org)**

or

**Emergency Aid-Building A Bond Between Species  
2813 9<sup>th</sup> Ave,  
Clarkston, WA 99403**

The following information must be included with the application:

- If Emergency aid for veterinary care is being applied for: Copy of Veterinary Bill that includes veterinarian name, address, phone number, date of service, issue treated, and copy of release for a B.A.B.B.S. representative to speak with veterinarian about case.
- Most recent Federal Tax Returns – Form 1040 and if self-employed add Schedule C documentation. (please redact or black out social security numbers)
- Copies of the most recent income information for each person in the household including pay stubs, Social Security, unemployment, retirement, pensions, etc. (please redact or black out social security numbers)
- If the household is receiving financial support from family or friends, provide a letter detailing the support from the assisting party. B.A.B.B.S. may also request proof of income depending on the level and duration of support.
- The completed application form, signed and dated. If something does not apply, please write N/A. Do not leave any spaces blank.

Without the above listed items, B.A.B.B.S. will be unable to process the application.

This completed application, including the supporting information, should be returned within 7 days of receipt. No aid, veterinary care or feed can be applied without first returning this form to B.A.B.B.S. By submitting application for assistance, clients give B.A.B.B.S. or one of its representative consent to make necessary inquiries to confirm financial obligations or references and to follow up by telephone or in person.

**Request for Emergency Aid**

Animal's Name: \_\_\_\_\_ Species: \_\_\_\_\_

Age or DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Altered: YES NO

Responsible Party or Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Aid Being Requested (please circle one): **Veterinary Care** **Feed**

Is a veterinarian referring you? YES NO

If yes, please provide veterinarian name, clinic, and phone of number.

\_\_\_\_\_

Household Information- Please list anyone living in your household (including yourself) and monthly income. Income includes (pre-tax) wages, child support income, alimony income, rental income, unemployment compensation, social security benefits, public/government assistance, rent or living expenses exchanged for services provided, etc.

Name	Relationship	Monthly Income \$	Income Source
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

**Required Information**  
**\*Must be included with this application\***

- Copy of Veterinary Bill that includes veterinarian name, address, phone number, date of service, issue treated, and copy of release for a B.A.B.B.S. representative to speak with veterinarian about case.(If emergency aid for veterinary care is being applied for)
- Most recent Federal Tax Returns – Form 1040 and if self employed add Schedule C documentation. (please redact or black out social security numbers)
- Copies of the most recent income information for each person in the household including pay stubs, Social Security, unemployment, retirement, pensions, etc. (please redact or black out social security numbers)
- If the household is receiving financial support from family or friends, provide a letter detailing the support from the assisting party. B.A.B.B.S. may also request proof of income depending on the level and duration of support.
- The completed application form, signed and dated. If something does not apply, please write N/A. Do not leave any spaces blank.

Additional information may be required in order to process your application. If so, we will contact you.

**Veterinary Care Emergency Aid Monthly Repayment Amounts**

<u>Monthly household income from all sources</u>	<u>Monthly Repayment</u>
100% & Below Federal Poverty Guidelines	\$10
110% Federal Poverty Guidelines	\$20
120% Federal Poverty Guidelines	\$30
130% Federal Poverty Guidelines	\$40
140% Federal Poverty Guidelines	\$50
150% Federal Poverty Guidelines	\$60
160% Federal Poverty Guidelines	\$70
170% Federal Poverty Guidelines	\$80
180% Federal Poverty Guidelines	\$90
190% Federal Poverty Guidelines	\$95
200% & Above Federal Poverty Guidelines	\$100

**Authorization**

I hereby certify the information contained in the above financial questionnaire is correct and complete to the best of my knowledge. I understand that I am required to repay all of the aid paid to the veterinarian on my behalf, and that monthly pavements to B.A.B.B.S. will be based on the amounts listed in the above document. By signing below, I agree that I will make monthly payments if accepted for emergency veterinary aid, I authorize Building A Bond Between Species (B.A.B.B.S.) or one of its representatives to contact me, and follow up with me by telephone or in person at my residence. I authorize Building A Bond Between Species (B.A.B.B.S.) or one of its representatives to verify any or all information given and understand that this does not guarantee my acceptance.

Responsible Party or Owner Signature

Date