



## PAWSITIVELY SENIORS PROGRAM

### INSIDE:

Overview

Application

Supply Information

### Our Program Partners





## PAWSITIVELY SENIORS APPLICATION

### PROGRAM OVERVIEW:

Pawsitively Seniors is designed for low-income senior adults whose quality of life would be enhanced as a result of the many positive effects of pet ownership; by matching senior cats and senior people for the mutual benefit of all. Qualified seniors will be able to have one to two cats on the program.

Seniors are defined as 60 and over with an income of \$1,800 per month or less. Senior cats are defined as 8 years and older, who have been spayed/neutered and are current on vaccinations, Felv and FIV tested and are negative, microchipped and in general good health and cats with special needs who have manageable behavioral or medical issues.

The Pawsitively Seniors program includes:

- Free food and litter delivered on a regular schedule, if needed.
- Free medical care from a program approved veterinarian
- Free transportation to and from a program approved veterinarian

### Please initial next to each statement indicating that you have read and agree:

\_\_\_\_\_ When I initially apply, I am allowed a maximum of 2 pets on the program.

\_\_\_\_\_ PALnv will provide pet food and cat litter, if needed, each month. PALnv volunteer will deliver the food and check on the cat's needs.

\_\_\_\_\_ a program approved veterinarian will provide veterinary care at no cost at their Wellness Clinic (within their discretion – quality of life & prognosis will be considered).

\_\_\_\_\_ I hereby agree to release PALnv and our partners, their programs, Board of Directors, staff, volunteers, donors, contractors and affiliated organizations from any and all liability.

\_\_\_\_\_ I agree not to use social media or any media outlets to make statements that would in any way damage or negatively impact the reputation of PALnv.

\_\_\_\_\_ In the event my current situation changes, I will immediately notify PALnv.

\_\_\_\_\_ I understand I will be contacted and reminded about the delivery date. I commit to be present in the agreed-upon location the day of the delivery.



**PAWSITIVELY SENIORS  
APPLICATION**

PLEASE Write Clearly

Client Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How many people are living in the household?: \_\_\_\_\_ (Please list names and relationship to you i.e. son, daughter, husband etc.)

\_\_\_\_\_  
\_\_\_\_\_

Household monthly income: \$ \_\_\_\_\_

How did you hear about us?:

Friend: \_\_\_\_\_  Newspaper  Senior Center  Google  Facebook

Yelp  Other: \_\_\_\_\_

**The following information will be used exclusively to obtain grants and funding  
for our Pawsitively Seniors Program.**

Year of Birth \_\_\_\_\_ Are you a United States Veteran?:  Yes  No

Gender:  Female  Male Are you disabled?:  Yes  No

What Ethnicity do you most identify as?

American Indian or Alaska Native  Asian  Black or African American

Hispanic or Latino  Native Hawaiian or other Pacific Islanders  White



**PAWSITIVELY SENIORS  
APPLICATION**

**A Copy of the following documents must be submitted with your application.**

**Proof of income:** last 2 months of bank statements **or** last two months of pay statements **or** your most current tax return **or** SSI Letter.

**Proof of Residency:** current utility bill **or** NV ID **or** NV driver's license

**Proof of Military Service (if a veteran):** DD Form 214

Please email the Application and above documents to: [info@palnv.org](mailto:info@palnv.org)

Or

**Mail to: PALnv  
4155 N. Rancho Drive, #150  
Las Vegas, NV 89130**

**I certify that all information I provided is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Non-Discrimination Statement:**

Neither PALnv or its volunteers will discriminate against any clients or family members in the operation of its program on the basis of race; color; national origin, including limited English proficiency; sex; age; political affiliation; religion; or on the basis of disability, or sexual orientation.

**Our Rights:**

We reserve the right to refuse service to anyone.



## SUPPLY INFORMATION

---

### Do you need:

- Cat toys             Yes    No  
Litter box            Yes    No  
Dishes                 Yes    No  
Cat tree               Yes    No  
Cat beds              Yes    No  
Cat carrier           Yes    No
- 
- 

**To be completed by PALnv Only** Name: \_\_\_\_\_

Approved       Denied       Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Documents:

Proof of Income: \_\_\_\_\_

Proof of Residency: \_\_\_\_\_

Proof of Military Service (if a veteran): \_\_\_\_\_

### Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_