• EVFAP Client Assistance Packet •

Client Intake, Financial Inquiry, Policies & Agreements

PLEASE DO NOT SEND GRAPHIC PHOTOS.
If a photograph is needed, an EACH representative will specifically request one.

Mahalo for reaching out to Emergency Animal Care & Help (EACH). Veterinary emergencies can be overwhelming. This form helps us determine eligibility, document your case, and meet grant-reporting requirements so we can continue helping Maui County families. Please answer as completely as you can. Client information is kept confidential within EACH unless disclosure is required by law.

1. Client & Case Information

Date of inquiry: _____ **Client name:** _____

Phone number: _____ **Email address:** _____

Mailing address: _____

City: _____ **ZIP code:** _____

Previous EACH Assistance

Have you reached out to EACH for assistance before? ☐ Yes ☐ No ☐ Unsure

If yes, did EACH provide funding for that request? ☐ Yes ☐ No ☐ Unsure

Animal & Veterinary Information

Animal name: _____ **Species:** _____

Breed: _____ **Approximate age:** _____

Animal sex

☐ Female ☐ Male ☐ Unknown

Is this animal currently spayed or neutered?

☐ Yes ☐ No ☐ Unsure

Veterinary clinic/hospital: _____ **Clinic phone:** _____

Briefly describe the emergency, illness, or injury:

_____

_____

How did you hear about EACH? _____

Office Use Only

Case ID: _____	**Client ID:** _____
Amount Requested: $ _____	**Amount Awarded: $** _____
Notes: _____	

2. Emergency & Financial Inquiry

Required for eligibility review. *EACH may request reasonable documentation of financial hardship in certain cases.*

Estimated total treatment cost: $ _____

Amount requested from EACH: $ _____

Have you raised funds or created a crowdfunding campaign?

☐ Yes ☐ No

Approximate amount already raised: $ _____

Does this animal have pet insurance?

☐ Yes ☐ No

Insurance provider, if applicable: _____

Have you tried or do you qualify for CareCredit? ☐ Yes ☐ No ☐ Unsure

Household Financial Information

Number of people living in your household: _____

Approximate total gross monthly household income before taxes:

$ _____

Include income received by all household members.

Emergency savings currently available

☐ None ☐ Under $100

☐ $100-$500 ☐ $500-$1,000

☐ Over $1,000 ☐ Prefer not to answer

Housing status

☐ Rent ☐ Own

☐ Temporary housing ☐ Unhoused

☐ Other: _____ ☐ Prefer not to answer

Public or Financial Assistance

Check all that currently apply

☐ SNAP/EBT ☐ WIC

☐ Medicaid/QUEST ☐ SSI/Disability

☐ Cash Assistance/TANF ☐ Veteran assistance

☐ Housing assistance ☐ FEMA/Disaster assistance

☐ Unemployment benefits ☐ Other: _____

☐ None ☐ Prefer not to answer

How This Emergency Could Affect Your Household

Without financial assistance, which of the following might apply? Check all that apply.

☐ I may be unable to obtain the recommended emergency veterinary care.

☐ I may need to delay veterinary care.

☐ I may have difficulty paying for housing, food, utilities, transportation, or other necessities.

☐ I may need to borrow money or take on additional debt.

☐ I may need to surrender or rehome my animal.
☐ Euthanasia may need to be considered because treatment is unaffordable.
☐ Other: _____
☐ Prefer not to answer

Please share anything else about your circumstances and why assistance is needed:

_____

_____

3. Community & Grant Reporting Information

These questions support grant and funding reporting. We strongly encourage you to answer each question, but you may select "Prefer not to answer." Responses do not affect eligibility and are reported only in anonymized, aggregate form.

Age range

☐ Under 18
☐ 18-24
☐ 25-34
☐ 35-44
☐ 45-54
☐ 55-64
☐ 65+
☐ Prefer not to answer

Gender

☐ Woman/Female
☐ Man/Male
☐ Nonbinary
☐ Self-describe: _____
☐ Prefer not to answer

Race and ethnicity - Check all that apply

☐ Native Hawaiian
☐ Other Pacific Islander
☐ Asian
☐ White
☐ Hispanic/Latino
☐ Black/African American
☐ American Indian/Alaska Native
☐ Multiracial
☐ Other: _____
☐ Prefer not to answer

Employment status - Check all that apply

☐ Full-time
☐ Part-time
☐ Self-employed
☐ Unemployed
☐ Retired
☐ Unable to work/Disabled
☐ Student
☐ Other: _____
☐ Prefer not to answer

Household type - Check all that apply

☐ Single, divorced, or widowed
☐ Married or living with a significant other
☐ Multigenerational household (three or more generations in one home)
☐ Single-parent household
☐ Married or partnered and living with children
☐ Other: _____
☐ Prefer not to answer

August 2023 Maui wildfire impact *Examples include housing, employment, property, income, expenses, family displacement, or disrupted services.*

- ☐ Directly impacted
- ☐ Indirectly impacted
- ☐ Both directly and indirectly
- ☐ Not impacted
- ☐ Unsure
- ☐ Prefer not to answer

Optional: Is there anything else about your household's financial security or circumstances that would help us understand your situation?

4. EVFAP Policies & Agreements

Please check each box to acknowledge the policy.

- ☐ EACH provides emergency financial assistance as funding allows and does not guarantee full payment of treatment.
- ☐ EACH does not provide veterinary medical advice or direct veterinary care.
- ☐ EACH pays participating veterinary clinics directly and does not reimburse clients.
- ☐ Assistance is generally limited to one emergency assistance case per household within a 12-month period unless an exception is approved through EACH's appeal process.
- ☐ I agree to use other reasonable resources when available, including crowdfunding, pet insurance, payment plans, or personal fundraising.
- ☐ EACH is not responsible for ongoing treatment costs or long-term medications resulting from the emergency.
- ☐ EACH may deny or revoke services in cases involving abuse, threats, dishonesty, fraud, or safety concerns.
- ☐ Client information may be used in anonymized, aggregate form for grant reporting and organizational statistics.
- ☐ I understand that spay/neuter requirements apply when medically safe and appropriate, as described in the Spay/Neuter Acknowledgment in this packet.

Euthanasia Assistance Policy

☐ **I understand that if medical treatment is no longer possible, the prognosis is poor, or euthanasia is determined to be the appropriate option, EACH may provide up to $300 toward euthanasia.** This euthanasia limit applies even if EACH previously approved a larger amount for treatment. The $300 may be applied toward in-clinic or at-home euthanasia. I am responsible for any cost above the amount EACH approves.

Confidentiality Regarding Assistance Amounts

Because EACH operates with limited and fluctuating funding, clients agree to use discretion when publicly discussing the specific amount of assistance received. Award amounts vary by case and available funding, and discretion helps prevent misunderstandings and unrealistic expectations.

5. Spay/Neuter Acknowledgment

Emergency care comes first. EACH requires spay/neuter only when a licensed veterinarian determines it is medically safe and appropriate. A veterinarian may recommend postponement or determine that surgery is not appropriate.

Client name: _____ **Animal name:** _____

Animal's Current Status

Select one.

☐ YES - ALREADY SPAYED/NEUTERED. STOP HERE. Skip directly to the signature at the bottom of Section 5.

☐ NO. My animal is not currently spayed or neutered.

☐ UNSURE. I do not know whether my animal is spayed or neutered.

☐ MEDICALLY DEFERRED. A veterinarian has advised that spay/neuter should be postponed or may not be medically appropriate.

Veterinarian or clinic, if medically deferred:

_____

Agreement & Authorization for Follow-Up

Complete this section only if you selected NO, UNSURE, or MEDICALLY DEFERRED above.

If I selected NO, I agree to pursue the procedure when medically safe. EACH may connect me with low-cost or subsidized resources but cannot guarantee availability, scheduling, or payment.

If I selected NO, UNSURE, or MEDICALLY DEFERRED, I authorize EACH to contact me about six months after emergency services, or at another medically appropriate time, to verify my animal's status and share resources. I agree to respond and update EACH if my contact information changes.

Please check each box

☐ I understand and agree to the spay/neuter requirement when medically safe.

☐ I authorize EACH to contact me about this requirement and available resources.

☐ I understand that a licensed veterinarian's medical guidance takes priority.

Signature acknowledgment: I confirm the status selected above. If applicable, I agree to the requirements and follow-up authorization.

Client Signature: _____ **Date:** _____

Printed client name: _____

6. Follow-Up, Testimonial & Photograph

Regardless of the outcome, you are welcome to share a brief testimonial about your experience with EACH. You may text your testimonial to 808-281-3500. You may also include a happy, non-graphic photograph of your animal. Testimonials and photographs are deeply appreciated because they help show the impact of this program and support future funding, but they are never required and do not affect eligibility or assistance.

May EACH contact you for this purpose?

☐ Yes, EACH may contact me later to request an optional update, testimonial, review, or non-graphic photograph.

☐ No, please do not contact me for this purpose.

Stories, Testimonials & Photographs: EACH may share client stories, testimonials, and non-graphic photographs on our website, social media, in presentations to current or potential funders, and in other materials that help demonstrate the impact of our work and obtain future funding. If you do not want EACH to publicly share your story, testimonial, or photographs, please let us know. Choosing not to participate will never affect your eligibility for assistance.

Final Acknowledgment & Signature

☐ I certify that the information in this packet is true and complete to the best of my knowledge.

☐ I have read and understand the EVFAP policies, including the euthanasia assistance policy and, when applicable, the spay/neuter acknowledgment.

☐ I understand that assistance is not guaranteed and depends on available funding and EACH's eligibility review.

Printed client name: _____

Client Signature: _____ **Date:** _____

PLEASE DO NOT SEND GRAPHIC PHOTOS.
If a photograph is needed, an EACH representative will specifically request one.

Thank you for helping EACH keep this process safe, respectful, and accessible for Maui County families.