● EVFAP Client Assistance Packet ●

Client Intake, Financial Inquiry, Policies & Agreements

Mahalo for reaching out to Emergency Animal Care & Help (EACH). Veterinary emergencies can be overwhelming. This packet helps us determine eligibility and distribute limited assistance fairly and compassionately. Please answer each question as completely as you can. The Community & Grant Reporting section supports required reporting and future funding. Client information is kept confidential within EACH unless disclosure is required by law.

1. Client & Contact Information

Date: _____ **EACH case ID (internal use):** _____

Client name(s): _____

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

Mailing address: _____

City: _____ **ZIP code:** _____

Preferred contact method

☐ Text ☐ Phone call ☐ Email

Pet Information

Pet name: _____ **Species:** _____

Breed: _____ **Approximate age:** _____

Pet sex

☐ Female ☐ Male ☐ Unknown

Is this pet currently spayed or neutered?

☐ Yes ☐ No ☐ Unsure

Known ongoing medical conditions: _____

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

Describe the emergency, illness, or injury:

_____

_____

2. Emergency & Financial Information

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 pet have pet insurance?

☐ Yes ☐ No

Insurance provider, if applicable: _____

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 did you hear about EACH?: _____

3. 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 pet.

☐ 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:

_____

_____

_____

_____

4. Community & Grant Reporting Information

Your answers help EACH meet grant-reporting requirements and secure future funding for Maui County pets and families. We strongly encourage you to answer each question. 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 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

5. Policies, Agreements & Signature

Please initial each acknowledgment by checking the box

☐ 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 the separate Spay/Neuter Acknowledgment applies when my pet is not already spayed or neutered.

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. This helps prevent misunderstandings and unrealistic expectations because award amounts vary by case and available funding.

Photographs: Please do not send graphic photographs to EACH.

Optional Follow-Up, Testimonial, Review, or Photograph

After services are provided, EACH may contact you to request an optional update, testimonial, review, or non-graphic photograph. Participation is completely voluntary. Your choice will not affect your eligibility for or receipt of assistance. Separate, specific permission will be obtained before EACH publicly shares an identifiable story or photograph.

May EACH contact you for this purpose?

☐ Yes ☐ No

Acknowledgment

☐ I certify that the information in this packet is true and complete to the best of my knowledge, and I understand and agree to the policies above.

Client Signature: _____ **Date:** _____

Printed client name: _____