

Housing & Family Support Application

Hearts & Paws Family Care Home Program — every Program service is free, and there is no fee to apply

Short by design — most families only need Sections A–D and the signatures on page 3.

This form is on our website: heartsandpawsfoundation.org/family-care-home-apply

Fill it in and email it to board@heartsandpawsfoundation.org — or post it to us. Send copies of supporting documents, not originals. We reply within five business days, we will help you fill it in if you'd like — just ask — and we accept applications in your preferred language.

I am applying for: ☐ Transitional housing ☐ Animal-assisted family visits ☐ Family pet care support

A. Who Is Applying

Parent / guardian name(s): _____

Phone: _____ **Email:** _____

Current city / ZIP: _____ **Preferred language (if not English):** _____

B. Your Child

Child's name: _____ **Age:** _____

Diagnosis or condition (a few words is fine): _____

Treating hospital, clinic, or provider: _____ **City of care:** _____

Documentation attached (one is enough): ☐ Physician letter ☐ Treatment plan ☐ Therapy plan of care ☐ IEP / IFSP
☐ Regional-center letter ☐ Other provider document

C. Your Child's Course of Care

This is how we assess hardship (Criterion E3) — the intensity and continuity of your child's care, not the size of your medical bills.

Type of care: ☐ Inpatient stays ☐ Infusion / chemotherapy / dialysis ☐ Surgery or rehabilitation

☐ Physical / occupational / speech therapy ☐ Behavioral or developmental therapy ☐ Early intervention

☐ Specialist follow-up ☐ Home nursing ☐ Other

How often — sessions per week: _____ **or per month:** _____

This course of care began (month / year): _____ **One-way travel, minutes:** _____

☐ Ongoing, no scheduled end date

Provider who can confirm it — name and phone or email: _____

Why does living near your child's care matter for this course of treatment? Two or three sentences is enough.

D. Household, Housing, and Pets

Adults who would live in the home: _____ Children: _____

The Program Home can accommodate at most four adults and two children.

Current housing: ☐ Renting ☐ With family or friends ☐ Temporary / hotel ☐ Relocating for treatment ☐ Other

Family pet(s), if you are applying for pet support — species and age: _____

Pet care assistance is always paid directly to the veterinary clinic — never in cash.

Optional — if your family also has financial hardship (household income at or below 80% of Area Median Income) or another documented hardship, tell us briefly. Either one also satisfies Criterion E3.

How did you hear about us? ☐ Website ☐ Library or community center ☐ Clinic or hospital ☐ School staff
☐ Friend or family ☐ Other

E. Certifications and Signatures

Relationship disclosure (required by federal tax law). Check one:

- ☐ No one in my household — or their spouse, parent, grandparent, child, or grandchild — is a director, officer, or contributor of Hearts and Paws Foundation.
- ☐ Someone is — explain: _____

If so, explain: _____

Foundation insiders and their family members are not eligible for Program benefits (IRC §§4941, 4946).

By signing, I certify that the information here is true and complete; I authorize Hearts and Paws Foundation to verify it with the provider(s) listed; and I understand that my family's information is confidential and reported publicly only in aggregate, that applying and every Program service are free of charge with no donation requested, and that applying does not guarantee selection.

Signature — parent / guardian: _____ **Date:** _____

Second parent / guardian (if applicable): _____ **Date:** _____

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