



Orthodogs' Silver Lining Silver's Cause Service Dog Financial Assistance Application

18402 E. 101st Place North
Owasso, OK 74055

Email: info@oslf.org
E-fax: 703-562-0781

Please complete the application in its entirety, and be sure it is legible -- print or type your information. **Remember!** All required supporting documentation must accompany your application submission. Please refer to the funding guidelines for **Service Dogs** for detailed information.

APPLICANT CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip/Country Code: _____

Country: _____ Email: _____

Phone #1: _____ Ph #2: _____ Ph #3: _____

How did you hear about OSLF? _____

Is this your first application to OSLF? (circle) Yes / No
If NO, provide previous date and outcome: _____

DOG'S BASIC INFORMATION

Dog is a:
 Service Dog Companion Pet Shelter/Rescue Group Dog

Dog's name: _____

Breed(s): _____

Approx. Age: _____ Approx. Weight: _____ Sex (circle) M / F

Approximate time you've owned this dog? Years: _____ Months: _____

How/Where did you acquire this dog? _____

If the dog is a certified service animal, please also complete this section:

Did you acquire this dog through a recognized service organization? <input type="checkbox"/> No <input type="checkbox"/> Yes (name of organization): _____
Was this dog trained through a recognized service organization? <input type="checkbox"/> No <input type="checkbox"/> Yes (name of organization): _____
Service duties this dog performs: _____ _____
Is dog currently performing these duties? (circle) Yes / No If 'No', explain: _____
Will dog remain with you if unable to continue or return to duties? <input type="checkbox"/> Yes <input type="checkbox"/> No (where will dog go?): _____

DOG'S MEDICAL INFORMATION

Is this a life or death emergency? (circle) Yes / No

Is dog's condition the result of an injury?

Describe dog's existing symptoms:

Veterinary diagnosis:

Recommended treatment:

Is treatment scheduled? (circle) Yes / No If YES, scheduled date:

Estimated treatment costs:

Prognosis:

Please list any other existing medical conditions in this dog:

TREATING VETERINARIAN INFORMATION

Name of Clinic: _____

Name of Treating Veterinarian: _____

Clinic Address: _____

City: _____

State: _____

Zip/Country Code: _____

Country: _____

Telephone: _____

Fax: _____

Clinic website URL: _____

Vet's Email Address: _____

Is vet aware of your pending application with OSLF? (circle) Yes / No

Has vet agreed to work with OSLF's payment policy? (circle) Yes / No

Does vet clinic offer CareCredit financing assistance? (circle) Yes / No
If 'YES', did you apply and what was outcome? _____

Has a 'hardship' discount been discussed with vet? (circle) Yes / No

Explain: _____

Is this veterinarian your primary vet, or a specialist?

Primary

Specialist. Referred by your primary vet? (circle) Yes / No

If treating vet is not your primary vet, please complete the Primary Care section below.

PRIMARY CARE VETERINARIAN INFORMATION

Name of Clinic: _____

Name of Primary Care Veterinarian: _____

Clinic Address: _____

City: _____

State: _____

Zip/Country Code: _____

Country: _____

Telephone: _____

Fax: _____

Clinic website URL: _____

Vet's Email Address: _____

Is vet aware of your pet's condition? (circle) Yes / No

APPLICANT FINANCIAL INFORMATION

Financial information must include data for every household adult. Need is based on household financial information, not individual information.

Are you employed? (circle) Yes / No

If 'NO', please provide an explanation as to why unemployed:

If you answered 'YES' to the previous question, please also complete this section:

What is your occupation?		
Name of employer:		
Employer Address:		
City:	State:	Zip:
Country:		
What is your total monthly income from employment?		

If unemployed, list source(s) of income:

Do you receive disability benefits? (circle) Yes / No \$ _____

Are you a member of International Association of Assistance Dog Partners (IAADP)? (circle) Yes / No

Do you have a Special Needs Trust? (circle) Yes / No

If you answered 'YES' to the previous question, please also complete this section:

Name of Special Needs Trust:	
Year Trust was established:	Trust account balance:
Name of Trustee:	
Trustee's Phone Number:	Trustee's Email:
List of benefits/items covered by Trust:	
Main source(s) of funds for the Trust:	

List any aid received from public assistance programs, including:

- Medicaid \$ _____
 Food Stamps \$ _____
 Federal SSI \$ _____
 Social Security \$ _____
 Unemployment \$ _____
 Utility Assistance \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 None

Monthly income from other sources (explain):

Please provide information on your household expenses (supporting documentation may be requested):

Housing:
 Own your home
 Rent your home
 Other _____

Monthly mortgage/rent/payment: _____

Do others live with you? (circle) Yes / No
 If 'YES', please list relationship to you, and age(s): _____

Please summarize your other current monthly living expenses:

Utilities: \$ _____ Phone: \$ _____ Insurance: \$ _____

Food: \$ _____ Auto/Other Transport: \$ _____ Medical: \$ _____

Child Care: \$ _____ Clothing: \$ _____ Insurance: \$ _____

Alimony/Support payments: \$ _____ Other: \$ _____

Loan payments or Lines of Credit — including automobile, student, home equity, and credit cards:

Creditor	Original Loan Amount	Balance Outstanding	Monthly Payment

Please provide a summary of all attempts made to obtain alternate financial assistance:

Organization	Date of attempt	Details of attempt	Outcome/Reason for denial
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

If other attempts have not been made, provide justification:

Amount already spent on dog's medical care to correct this condition?

How much are you able to contribute to future bills to correct this condition?

Specify total amount you are requesting from OSLF: \$

Is the amount requested from OSLF different from the estimated cost of treatment? (circle) Yes / No
If 'YES', explain:

Will you be applying to other sources for financial assistance? (circle) Yes / No
If 'YES', list sources:

Is there any other information that OSLF should consider?

SUPPORTING DOCUMENTATION CHECKLIST

All of the supporting documentation listed below must accompany your application and all paperwork must be submitted at the same time in order to be eligible for review. If all paperwork is not received together, the application package will be considered incomplete and the application will be denied. Additional documentation may be requested, upon review of your application.

- Proof that this dog is currently partnered with a disabled person
- A clear, recent photograph of the dog, emailed to info@oslf.org
- Attending veterinarian's assessment, on clinic letterhead
- Written estimate of medical treatment, on clinic letterhead
- Primary care veterinarian's letter of reference for owner
- Proof of income for all household adults (most recent: pay stub/income tax return/disability benefit/ unemployment insurance)
- Most recent bank statement(s) for all household adults
- Most recent Special Needs Trust financial statement(s), if applicable
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GUARDIAN STATEMENT

I attest that I am responsible for the above canine and that all information provided is true and accurate. Orthodox's Silver Lining Foundation (OSLF) has my consent to use the information and images provided with this application for their fundraising efforts, and I will provide any additional information that may be required by OSLF's approval committee.

I understand that OSLF assumes no responsibility for the outcome of any treatment funded, in whole or part, through OSLF. I further agree that OSLF is not responsible for any damage or loss as a result of being denied funding through OSLF. OSLF does not discriminate on the basis of any legally recognized basis. OSLF reserves the right to deny funding to any applicant for any reason.

I agree to actively cooperate with OSLF media relations volunteers in fundraising activities, via press releases, radio, television, or other outlets. I understand that any publicity obtained through the efforts of OSLF volunteers will direct fundraising to OSLF, and that the focus of the publicity will be OSLF's involvement with the case.

By signing this application, I attest that I have thoroughly read, and fully understand, all of OSLF's requirements for assistance eligibility, and what is expected of me, as applicant, in order to maintain that eligibility. I agree to fully abide by OSLF's assistance requirements. I understand that failure to abide by these requirements, as they are stated on OSLF's website, may result in immediate case closure, without advance notification.

I understand the above statement, and accept the terms of this agreement.

Applicant Signature: _____

Date: _____

OFFICE USE ONLY

Date received: _____

OSLF contact: _____

Is all required information/documentation included? Yes / No
If NO, what is needed: _____

Applicant approved for assistance? Yes / No

Approved for full requested amount? Yes / No
If NO, amount approved: _____

Assigned OSLF Case Liaison: _____

Comments: _____

