



FINANCIAL SUPPORT APPLICATION

THIS COLLABORATIVE APPLICATION OFFERED BY THE BRODIE FUND AND KARMASUE IS FOR VRCC CLIENTS ONLY

APPLICANT INFORMATION

(IF MORE THAN ONE APPLICANT, PLEASE FILL OUT APPLICANT AND EMPLOYMENT INFORMATION INDIVIDUALLY FOR EACH ADDITIONAL PERSON AND SUBMIT TOGETHER)

Name:

Date of Birth:

Last 4 Digits of SSN:

Phone:

Address:

City:

State:

ZIP Code:

Own: Rent:

Monthly payment or rent:

How long have you resided here?

EMPLOYMENT INFORMATION

Employer:

Address:

How long have you been employed here?

Phone:

Email:

City:

State:

ZIP Code:

Position:

Hourly Salary

Annual net income (please include SSI, SSDI, unemployment, child support, alimony, or any other assistance):

COMPANION ANIMAL INFORMATION

Name:

Date of Birth/Approx. Age:

Species/Breed:

Weight:

Gender: Male Female

Spayed Neutered

Markings:

Diagnosis (required) and Prognosis (if available):

Current medications and estimated cost:

Additional medications prescribed and estimated cost: (Medication that is needed must be associated with this diagnosis):

Current treatment and estimated cost:

Prescribed treatment and estimated cost (must be associated with this diagnosis):

Past Diagnoses (if any, please include those related to cancer and those that are not related to cancer):

Past Surgeries (if any, please include those related to cancer and those that are not related to cancer):



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Amount Requested:

VETERINARIAN INFORMATION

Vet Clinic Name:

Address:

How long have you been with this vet clinic?

Phone:

Email:

Website:

City:

State:

ZIP Code:

Veterinarian's name:

Veterinarian's Signature:

EXTERNAL ENVIRONMENTAL FACTORS

Reason for applying (check all that apply):

Loss of Job

Personal Major Medical Issues

Fixed Income

Senior Citizen

Permanently/Temporarily Disabled

US Veteran

Cost is Too High for You to Endure Alone

Other (Please Explain)

How much can you contribute to the medical bills?

Do you have Care Credit: Yes No

If no, please apply here: www.carecredit.com

Do you have pet insurance? If yes, please indicate which company, how long you have been with the insurance company, and if they are able to help with cancer related costs.

Are you receiving help from any other outlets? If yes, please list them here.

Are any other people/organizations able to contribute to the cost? If yes, please list them along with contact information here.

OTHER PROGRAMS OFFERED THROUGH KARMA SUE

Are you interested in information about our other programs (check all that are of interest)?

_Education Program - KarmaSue provides education workshops free of charge to residents living in Colorado communities. These sessions are not restricted to families that have companion animals with cancer.

_Counseling Program - There are two main components to this program – grief counseling and compassion fatigue counseling in individual and group forms. Both counseling services are provided to approved clients free of charge. If talk therapy is not desired, other outlets are available including project-based activities (e.g., planting trees, painting/crafts, etc.) created to honor the human-animal connection.

ADDITIONAL INFORMATION

How did you hear about The Brodie Fund and/or KarmaSue?

Please tell us about your connection with your companion animal.



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Are you interested in sharing your story with The Brodie Fund and KarmaSue communities via a blog post, e-news article, social media, or the like? Yes No

Any additional information you would like us to know?

SIGNATURE(S)

I confirm that all information has been provided to the best of my knowledge. I understand that any false information given will result in the denial of my application.

Signature of Applicant

Date

Signature of Co-Applicant (if necessary)

Date

In signing this application, you understand that The Brodie Fund and KarmaSue:

- Are not responsible for the outcome of treatment or lack thereof
- Are not responsible for covering all costs associated to the animal's cancer treatment
- Cannot assist with charges incurred prior to application approval
- Do not pay for diagnostics, do not pay for spay, neuter, or vaccinations
- May request back-up or additional information to support this application
- May deny the request without reason

Dollar amount distributed in response to this application is based on financial ability of the organizations at the time of request.