



## Veterinary Care Assistance Program

### How to qualify:

- You must be a resident of Orange County.
- You must be the owner of the pet.
- Financial Qualifications (College students who receive any financial support from parents are not unless their parents also qualify under the guidelines):
  - Recipient of public assistance (such as EBT/SNAP/Food Stamps, Adult or Child Medicaid)

### OR

The combined gross income for your entire household falls at or under the income listed (as of 2022):

Number of people in the Household	Annual Household Income
1	\$25,520
2	\$34,450
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240

### What does it cover?

The program can help partially cover the cost of treatable, **non-routine, non-emergency care**, such as skin and ear conditions (including allergies), minor dental issues, arthritis and other painful conditions, upper respiratory infections, urinary tract infections, minor surgeries, etc. Due to time constraints, *time-sensitive, life-threatening conditions will not be considered* (such as emergency surgery for foreign bodies, emergency orthopedic issues, diarrhea or vomiting that needs to be treated immediately, Parvovirus, etc.). This program **does not cover** vaccines, preventatives, spay/neuter, or other basic care.

### How much does it cover?

In order to help as many people as possible, the Veterinary Care Assistance Program will cover up to a maximum \$500 for the specific issue you apply for. You will only be approved once per 365 days.

### Rules for Applying:

- Fill out application online or in person.
- With your application provide:
  - Proof of public assistance or income.
    - Proof may be a copy of your EBT card, Medicaid card, social security letter or a recent paystub (within 4 weeks).
  - A written detailed estimate from your veterinary clinic
- OCAS will contact the veterinary clinic to make sure they will accept payment from us.
  - Please note – no funds are EVER given directly to individuals. The OCAS Veterinary Care Assistance Program ONLY sends funding directly to the treating veterinarians ONLY IF your application is approved and treatment is scheduled. Funding resources are limited, and the OCAS Veterinary Care Assistance Program makes every effort to use limited funds in the most responsible way.



## Veterinary Care Assistance Program Application

First & Last Name: _____		Date: _____	
Street Address: _____			
City: _____		State: _____	Zip: _____
Mailing Address (if different from physical address): _____			
City: _____		State: _____	Zip: _____
Primary Phone: (     ) _____		E-mail: _____	
What is the annual income of the household? \$ _____		How many people are in your household (including children)? _____	
<p><b>If you received public assistance</b>, please provide a copy of the card or qualifying letter that proves a member of your household participates in one of the following programs to qualify:</p> <p style="text-align: center;"> <input type="checkbox"/> Adult Medicaid              <input type="checkbox"/> Child Medicaid              <input type="checkbox"/> Food Stamps/EBT         </p> <p><b>If you do not receive public assistance or would like to qualify by income</b>, please provide a copy of your best proof of income (for example, copies of W-2 forms, check stubs, SSI benefits letters, etc.) for each adult in your household. To qualify by income, you must earn below 200% of the poverty level. See the income scale on the back of this application.</p> <p>Important note about privacy: The information you provide will be used only for confirmation of your eligibility and will not be used for any other purposes. For additional protection of your private information, please mark through the Social Security numbers on all copies of documents.</p>			
Pet's Name: _____ Type of Anima: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (Please explain: _____) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female    Are they sterilized (spayed/neutered)? <input type="checkbox"/> Yes <input type="checkbox"/> No Breed and Color: _____ Pet's Age: _____ Pet's Weight: _____ Is your pet current on its rabies vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the procedure or issue your pet is having? _____ _____ _____			
Which vet has your pet been seen by: _____ <b>OR</b> <input type="checkbox"/> My pet has not been seen by a vet yet			
If your pet has been seen for this issue, what is estimated of the cost of the procedure your pet needs? \$ _____			
I certify that the information given above and the documents provided are true:			
Signature: _____			Date: _____

Please fill out the form above and submit in one of the following ways:

- email to [tschifano@orangecountync.gov](mailto:tschifano@orangecountync.gov)
- drop off or mail to: Orange County Animal Services, 1601 Eubanks Road, Chapel Hill, NC 27516