## APPLICATION CHECKLIST

- Completed application with signature (\*\*required\*\*)
- Contract Verification Form submitted directly from FIMH Foundation/provider (\*\*required\*\*)
- First page of your most recent federal income tax return (\*required\*)
   Veterans disability letter.
- Photo of of your child/family (\*optional\*)

## **ELIGIBILITY**

You must meet **all** of the following requirements to be considered for a grant:

- A child/family member in your household has an autism diagnosis
- You or your family member has a mobility disability diagnosis
- You or your family member has a psychiatric disability diagnosis
- 🔲 You are currently approved by Forever In My Heart foundation under contract with

If you don't have an approved application from FIMH Foundation, you can still submit an application, however your grant will not be eligible to be awarded until you have a contract with the foundation.

BASIC INFORMATION (child/individual who service dog will benefit)				
Name:		Current Age:	Gender:	
GUARDIAN/PARENT INFORMATION				
Full Name:				
Address:				
City:				
Email address: _			Occupation:	
[Second guardian/parent if applicable]	_			
Full Name:				
Address:				
City:				
Email address: _			Occupation:	

## HOUSEHOLD INFORMATION

Child/individual lives with:	N	
siblings/dependent children in the household:	Ages: Numbe	
Annual Household Income: 🗌 Under \$50,000 🗍 \$5 Over \$150,000	50 - 75,000 🗆 \$75 - 100,000 🗀 \$100 - 150,0	000 🗆
Please briefly describe the child/individual who the	e service dog will benefit:	
What kinds of services/support does the child/indi	ividual currently receive?	
What are the most significant challenges the child/	/individual and your family face?	

Anything else you want us to know about the child/individual and your family?

## CONSENT AND AFFIRMATION (\*REQUIRED\*)

In order for Pierigies For Paws, to provide supplemental funding towards the attainment of a trained service dog for \_\_\_\_\_ (child/individual), the undersigned do hereby affirm the following:

- 1. The undersigned are the legal guardian(s) of the child/individual or recipient of a Service Dog.
- 2. All information provided with this application is, to the best of our knowledge, accurate and truthful.
- 3. The undersigned understand that some of the information provided in this application may be confidential health/personal information, and while Pierogies For Paws will make reasonable efforts to protect privacy, there are inherently confidentiality risks in providing it. The undersigned have provided this information voluntarily and understand that the Pierogies For Paws board will be reviewing the information provided during its decision making processes.
- 4. The undersigned consent for Pierogies For Paws to contact FIMH Foundation indicated in this application for possible verification/clarification of application status, for additional information about the provider, and, in the event that a grant is to be awarded, to arrange payment.

Pierogies For Paws reserves the right to distribute funds at its sole discretion. Completing and submitting an application does not guarantee receipt of a grant, nor are specific grant amounts/minimums guaranteed. Grants will be distributed directly to the FIMH Foundation you are contracted with for use towards your child's/individual's animal, and will not under any circumstance be awarded directly to the individual/family who is receiving the dog.

Dated this	day of	, in the year
Parent/Guardian//	Aplicant Signature:	<del></del>
Printed Name:		
Parent/Guardian S	ignature:	
Printed Name:		<del></del>
		·
Not required in ord	CONSENT (OPTIONA) er to be awarded a grant g and grantmaking activi	, but greatly appreciated to assist Pierogies For Paws in our
photographs, letter and images/record understand that the Pierogies For Pawa consulted/notified Paws. I also agree or asked to volunt	ers, information, or vide dings in publications, or ney will be used to info s and its mission. I under I prior to any of my/my that I may be personal arily provide additional	nission for Pierogies For Paws and/or its representatives to use os of my child or myself and to use our names, information, in the internet, in promotional materials, or at events. I rm families, volunteers, media, and the general public about erstand that, even with my given consent, I will still be child's information or images being used by Pierogies For ly contacted for participation in fundraising/awareness events images/testimonials/ information to be used for these ation shall continue until terminated in writing.
Child/Individual's	Name (please print):	Date:
Parent/Guardian//		
Printed Name:		<del></del>
Parent/Guardian S	iignature:	
Printed Name:		<del></del>