



P.A.C.E. PROGRAM

Preserving Animal Companionship for the Elderly

(The information contained on this form will be kept CONFIDENTIAL)

SECTION 1 (Basic Information)

Name: _____
(First) (M.I.) (Last)

Gender: Male Female Date of Birth: _____ Soc. Sec. #: _____

Address: _____
(Street Address/Do not use a P.O.Box) (Apt #) (Security code)

City: _____ Zip Code: _____

Telephone #: (_____) _____ Email: _____

Area in Los Angeles County in which you live:

- Antelope Valley (1)
- San Fernando Valley (2)
- San Gabriel Valley/E. Los Angeles (3)
- Hollywood/Downtown L.A. (4)
- Santa Monica/W. Los Angeles (5)
- South Los Angeles (6)
- East L.A. County (7)
- Long Beach/South Bay (8)

OK to leave a message from PAWS/LA? Yes No

Do you have transportation? Yes No

Cross Streets? _____

How did you hear about PAWS/LA? _____

Do you have a social worker or case manager? Yes No

Name: _____

Agency: _____ Phone #: _____

SECTION 2 (Demographic Information)

Race/ Ethnicity:

- Hispanic/Latino
- Native American/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/ Other Pac. Islander
- White
- Native Am/Alaskan Nat. and White
- Asian and White
- Black/African Am. and White
- Native Am/Alaskan Nat. and Black
- Other Multi-Racial

Housing Situation: Permanent Housing Assisted Living
 Temporary Housing Senior Building
 Living w/Friends or Family Other: _____

Bedroom Composition: Single 1 bdrm 2 bdrm 3 bdrm
 4 bdrm 5 bdrm Other: _____

Number of people in household: _____

Gross Monthly Income: No income \$1 - \$150 \$151 - \$250 \$251 - \$500
 \$501-\$1,000 \$1,001-\$1,500 \$ 1,5001-\$2,000 \$2,000+

SECTION 3 (Health Status)

Ambulatory? Yes No Homebound?: Yes No Debilitating medical condition(s?): Yes No

If yes, please explain: _____

SECTION 4 (Emergency Contact)

Contact 1: _____ Relationship: _____

Home#:(_____) Work #: (_____)

Contact 2: _____ Relationship: _____

Home#:(_____) Work #: (_____)

SECTION 5 (Adoption Information)

Please provide information on who will adopt your companion animal(s) should the need arise. Also, please keep all companion animal health records and registration papers in proper order and readily accessible.

Name: _____ Phone #: (_____)

Address: _____

City: _____ State: _____ Zip code: _____

SECTION 6 (Verification of Eligibility)

In order to register as a client of PAWS/LA, please **attach** verification of the following:

- Proof of Los Angeles County residency (California Driver's License; utility bill; rental agreement)
- Proof of Income (SSI and/or SSD award letter; bank statement)
- Proof of Age
- Proof of spay/neuter of your companion animal(s) (certificate issued by veterinary service provider)

SECTION 7 (Consent to Release Information/Statement of Fact)

- I hereby authorize PAWS/LA and its representatives to share/access information with/from relevant agencies regarding services I have received and/or requested.
- I hereby certify by my signature below that the information I have provided to PAWS/LA is true and correct to the best of my knowledge. I also understand that any false information provided to PAWS/LA will result in permanent termination of services:

Client Signature: _____ **Date:** _____