



P.A.D. PROGRAM

Program for Animal Guardians with Disabling Illness

(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:

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

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? _____

SECTION 2 (Health Information)

Diagnosis: AIDS Symptomatic HIV Asymptomatic HIV
 Other: _____

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

Name: _____

Agency: _____ Phone #: _____

SECTION 3 (Demographic Data)

Race/ Ethnicity:

- | | | |
|---|---|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/ Other Pac. Islander | <input type="checkbox"/> Black/African Am. and White |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> White | <input type="checkbox"/> Native Am/Alaskan Nat. and Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Am/Alaskan Nat. and White | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian and White | |

Housing Situation: Emergency Shelter or No Housing Private Housing
 Temporary Housing Jail/Prison/Juvenile Facility

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 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 Medical Disability & Diagnosis (physician's letter confirming disability due to illness)
- 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:** _____