



CLIENT SERVICES INFORMATION PAD PROGRAM

Before submitting your application for services, please review the following information.

If you meet the following requirements, you may be eligible for services:

- ✓ Are you a Person Living with HIV/AIDS?
- ✓ Do you reside in Los Angeles County?
- ✓ Are you low-income?
- ✓ Is your companion animal at least 6 months old?
- ✓ Is your companion animal spayed/neutered?

If you answered YES to all of the above, please proceed with completing the attached application.

INTAKE APPOINTMENTS

Once you have completed your application and assembled required documentation, please contact Client Services to make an Intake Appointment. Appointments are available Tuesday - Thursday from 10:00 am – 2:00 pm.

To make appointment, contact:

Omar Olivares, Program Manager 213.741.1950 x 120 or email oolivares@pawsla.org
Stephanie Gallegos, Intake Coordinator 213.741,1950 x 106 or email sgallegos@pawsla.org

PLEASE NOTE:

- PAWS/LA provides services for a maximum of 2 companion animals per client.
- Services are provided on an as-needed basis and are subject to availability of resources.
- There is a 30-day waiting period following initial enrollment to access veterinary care services.



PAD PROGRAM
Program for Animal Guardians with HIV/AIDS
(please print)

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

SECTION 1

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

Gender: Male Female Transgender Male Transgender Female
 Nonbinary Other: _____

Date of Birth: _____ **Social Security #:** _____

Address: _____
(Street Address/Do Not Use a P.O. Box) (Apt #) (Security Code)

City: _____ **Zip Code:** _____

Telephone #: () _____ Hm Cell **Social Security #:** _____

Area in Los Angeles County in which you live:

- Antelope Valley (1) Hollywood/Downtown LA (4) East LA County (7)
 San Fernando Valley (2) Santa Monica/West LA (5) Long Beach/South Bay (8)
 San Gabriel Valley/East LA (3)

Are you a US veteran? Yes No

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)

Diagnosis: AIDS Symptomatic HIV Asymptomatic HIV

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

Name: _____

Agency: _____ **Phone:** _____

SECTION 3 (Demographics)

Race/Ethnicity:

- Asian
- American Indian/Alaskan Native & Black/African American
- Black/African American
- Hispanic/Latino
- Other Multi-Racial: _____
- Asian & White
- American Indian/Alaskan Native
- American Indian/Alaskan Native & White
- Black/African American & White
- Native Hawaiian/Other Pacific Islander
- White

- Gross Monthly Income:**
- \$0-\$250
 - \$251-\$500
 - \$501-\$1,000
 - \$1,001-1,500
 - \$1,501-\$2,000
 - \$2,001+

- Current Housing Situation:**
- Homeless
 - Emergency Shelter
 - Transitional Housing
 - Shared Housing
 - Private Housing
 - Other: _____

SECTION 4 (Emergency Contact)

Contact 1: _____ Home #: () _____

Relationship: _____ Work #: () _____

Contact 2: _____ Home #: () _____

Relationship: _____ Work #: () _____

SECTION 6 (Adoption Information)

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

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

SECTION 7 (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 HIV+ status (current diagnosis form)
- Proof of spay/neuter of your companion animal(s) (certificate issued by veterinary service provider)

SECTION 8 (Consent to Release Information)

I hereby authorize PAWS/LA and its representatives to share/access information with/from relevant agencies regarding services I have received and/or requested.

SECTION 9 (Statement of Fact)

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: _____



CLIENT SERVICE AGREEMENT

I, _____ have been informed that in order to continue to receive services from PAWS/LA it is necessary that I comply with the terms of this Service Agreement:

GENERAL SERVICES (please initial)

_____ I represent that I am the lawful owner of the companion animal(s) for whose care I am requesting.

_____ I agree that my companion animal(s) is, or will be, spayed or neutered within 30 days of initial enrollment with PAWS/LA.

_____ I acknowledge that any assistance given to me by PAWS/LA is at the sole discretion and option of PAWS/LA and that financial assistance levels and criteria for services are subject to change without notice and are subject to availability.

_____ I understand that PAWS/LA is not an adoption or placement agency.

_____ I understand that intoxication or the use of illicit drugs or alcohol will not be allowed on PAWS/LA premises.

_____ I will not be verbally or physically threatening, use profanity or derogatory remarks to any of the PAWS/LA staff, volunteers, visitors, clients, or service providers.

_____ I understand that if I refuse to sign this agreement, PAWS/LA has the option of terminating my access to all PAWS/LA services.

_____ I understand that my client status will be revoked if:

- a. I no longer have a companion animal
- b. I no longer reside in Los Angeles County
- c. My income exceeds PAWS/LA limits.
- d. I am abusive to staff, volunteers, service providers, or any other representative of PAWS/LA.

_____ I understand that if I refuse to comply with all, or any of the conditions outlined above, I will be suspended or terminated from all PAWS/LA services. If this occurs, I will forfeit my client status at PAWS/LA.

FOSTER CARE SERVICES (please initial)

_____ I authorize PAWS/LA and its directors, managers, employees and volunteers, together with anyone acting at the direction of any of them, to provide general care of my companion animal(s) when necessary. I further authorize the same to seek and obtain veterinary or other assistance for my companion animal(s), including euthanasia, if reasonably warranted.

_____ I agree that while my companion animal(s) is in a foster home or boarding kennel, I will contact PAWS/LA weekly.

_____ I understand that the length of time for foster care or boarding is thirty (30) days unless otherwise agreed upon by the Client Services Manager.

My signature below indicates my understanding and acceptance of this agreement. Failure to sign this Service Agreement does not void its validity.

Signed: _____ Date: _____



COMPANION ANIMAL INFORMATION

(Complete information for a maximum of 2 animals.)

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

COMPANION ANIMAL #1

Name: _____ Pet's DOB: _____

Dog Cat Male Female Spayed/Neutered? Yes No

Breed: _____ Color: _____ Weight: _____

Please check Yes or No for each of the following questions.

Are shots current? Yes No

Have a microchip? Yes No

If yes, have you registered it? Yes No What system? _____

Any chronic health problems? Yes No

If yes, what chronic health problems? _____

On medication? Yes No If yes, which medication? _____

COMPANION ANIMAL #2

Name: _____ Pet's DOB: _____

Dog Cat Male Female Spayed/Neutered? Yes No

Breed: _____ Color: _____ Weight: _____

Please check Yes or No for each of the following questions.

Are shots current? Yes No

Have a microchip? Yes No

If yes, have you registered it? Yes No What system? _____

Any chronic health problems? Yes No

If yes, what chronic health problems? _____

On medication? Yes No If yes, which medication? _____