

Harley's Hope Foundation
Application for Training Assistance

Complete the following application in its entirety and **provide the following:**

- **Proof of financial need** (For a current list of accepted public assistance, please visit our website www.harleys-hopefoundation.org/services.htm.)
- **Behavioral assessment and training plan**
- **Itemized estimate**
- **Digital photo of your pet**

Applications that are not complete or are not accompanied by the required documentation will not be reviewed. **You must submit all the required documentation within 24 hours after you submit your application or your application will be declined.**

Submit your application:

- Online at <http://harleys-hopefoundation.org/applicationforservices.html> (If you submit your application online but are unable to upload documents, you may email or fax them.)
- Or Email to info@harleys-hopefoundation.org
- Or Fax to (719) 495-5945

QUALIFICATION SURVEY	Yes	No
Have you sought assistance and advice from a behaviorist/trainer? <i>All eligible clients must show proof that they have attempted to seek assistance for the behavioral issue before applying.</i>		
Do you have a training plan and estimated cost? <i>All applications must be accompanied by the behaviorist/trainers providing this information.</i>		

If you have answered “No” to any of the qualification survey questions, do not submit your application.

Do not leave any questions blank. If the question does not apply, answer “n/a”

Client Information	
Name:	Phone Number:
Address:	City
State:	Zip Code:

Email Address:	
Total Household income: (Include significant other/spouse's income)	Employed? ____Yes ____No
Name of Employer:	Hours per week:
Address of Employer:	
Are you receiving public assistance of any type? ____Yes ____No. What kind: Amount: Frequency:	
What is your Primary Source of income?	
How many other people live in the household?	How many are adults?
Do adults work?	If not, why not?
Do you own or rent your home? ____Own ____Rent	Do you own a vehicle? ____Yes ____No
Have you asked family/friends to help with funding for your pet's training? ____Yes ____No	If yes, why can't/won't they help?
Have you or will you consider selling belongings/assets to pay for training assistance? ____Yes ____No	If not, why not?

Have you requested financial assistance from other agencies, including Care Credit, credit cards, or individuals to treat this particular issue? You must have exhausted all other options prior to applying to Harley's Hope Foundation. Please indicate to whom you have applied, the date of approval or denial and any monies received.

Individual/Organization	Date of Approval/Denial	\$ Received

Pet Information		
Pet Name:	Species:	Age:
Spayed/Neutered? ____Yes ____No	Breed:	Gender:

*Service Animal?: ____Yes ____No	<i>*Based on the definition under Title II of the Americans with Disabilities Act, a service animal is a dog or miniature horse, individually trained to perform tasks related to the person's disability.</i>
If yes, what tasks has the animal been trained to do for you?	
Describe your pet's training issue:	
Has the animal been seen by a behaviorist/trainer? ____Yes ____No	
Name and Address of Trainer:	
Date of Assessment:	Estimated cost for training:
<p>Successful training is contingent on your commitment to your trainer's recommendations, practice, and follow-through. We will contact your trainer for periodic updates. If you do not attend training sessions or follow through with recommendations, you will be required to repay training costs.</p>	
Species and number of other pets in the household:	
Are all other pets spayed or neutered? ____Yes ____No	
Are cats kept indoors: ____Yes ____No If no, please explain	
Are dogs kept outside: ____Yes ____No If yes, please explain	
Are dogs kept chained: ____Yes ____No If yes, please explain	
Do dogs ride in back of trucks: ____Yes ____No If yes, please explain	
Name, address and phone number of your Veterinarian/Veterinary Clinic: <i>(Applicants must have an established relationship with a veterinarian in order to qualify for assistance. Please note we may contact your veterinarian to confirm that they have treated your animal. If you have recently moved and have not yet found a veterinarian in your new location, please list your most recent veterinarian.)</i>	

HARLEY'S HOPE REQUIRES ALL FUNDING RECIPIENTS TO:

1. Grant permission to use your photo and your animal's photo and story in marketing and fundraising materials.
2. Write a Testimonial.
3. Consider volunteering time with Harley's Hope. Please check the items below you are able to do (see Volunteer Agreement section for explanations of each):
 - ☐ Fundraising
 - ☐ Short-term pet care
 - ☐ Special skills or contacts you may have: Explain

4. Consider a future monetary donation when your financial situation improves.
5. Consent to follow-up phone calls/emails from a HHF representative within 2 weeks, 6 months and 1 year post-assistance. If HHF does not hear back from you after two attempts to contact you, you will not be eligible for any future assistance from Harley's Hope Foundation.
6. Inform HHF if your address or phone number change during the 12 month post-assistance period.
7. View educational pet care workshops offered through HHF's annual HOPE Series available on YouTube or HHF website.

Do you agree to all requirements? _____Yes _____No

I, _____(please print full name), certify that the answers on this application form are true and correct, and understand if I willingly provide false answers, Harley's Hope Foundation will take legal action to recoup the funding obtained under fraudulent means. Furthermore, I agree to release Harley's Hope Foundation and its service providers (veterinarians, trainers, and fosters) from liability should the veterinary care, emergency foster care, or behavioral training rendered prove unsuccessful or the animal becomes ill or injured while in our care.

Signature of pet's legal guardian:_____

Date:_____

Revised February 2019