



Miranda's People
Dedicated to Assisting Dogs With Cancer

MIRANDA'S PEOPLE GRANT APPLICATION

Our goal is to provide emotional and financial assistance in order to help your family and your very special canine family member through a difficult time. In order to provide assistance, we must ask some questions that may seem intrusive. We sincerely apologize for this intrusion, but to ensure Miranda's People can assist you, it is very important we have a complete picture of your situation.



YOUR SPECIAL FAMILY MEMBER

Dog's Name _____ Nickname(s) _____

Breed _____ Age _____ How long has your dog lived with you? _____

Gender: M ___ F ___ Weight _____

How did your Dog come into your life? _____

What does your Dog mean to your family? Where does he/she sleep at night?

Do you have any other pets? How many? What kind?

MEDICAL NEEDS

Please provide the following information concerning your Dog's cancer treatment. Please be specific.

(1) Type of cancer _____

(2) Specified treatment regimen and cost [i.e. Surgery [\$3000], Chemotherapy [6 sessions-\$4800], etc.]

(3) Total cost of above treatment \$ _____

(4) Amount you have already paid toward the amount listed in #3 \$ _____

(5) Amount of money you are able to contribute at this point \$ _____

(6) Amount of money you are requesting from us \$ _____

Have you applied to other nonprofits or are you raising funds from other sources? YES____ NO____

If so, please list their names and the amounts awarded at this point:

Please be aware all payments for medical services will be paid directly to the treating medical group (veterinarian, oncologist, etc.).

APPLICANT CONTACT INFORMATION

Name of person(s) requesting assistance: _____

Telephone: _____ Email: _____

Address: _____

Name of legal owner of Dog [if different than above] _____

Telephone: _____ Email: _____ Address: _____

***VETERINARY MEDICAL GROUP** [Currently treating your Dog]:

Name of Group: _____ Telephone: _____

Name of Vet: _____ Address: _____

***IMPORTANT: PERMISSION TO SPEAK WITH VET(S) & OBTAIN MEDICAL RECORDS:**

Do we have your permission to contact your Vet(s) to obtain any relevant information and/or medical records as we may require additional information to process and make a decision on your application? **Without your permission, we cannot process your application.** YES____ NO____

FINANCIAL INFORMATION

Do you have Savings, a 401K, or any other source of funds you are using to pay for treatment?

Have you applied to CareCredit [<https://www.carecredit.com/apply/>] or any other financial institution for credit to pay for the cancer treatment? If so—please list them and the result. If you haven't---why not?

What is your **Monthly Net Income** [take-home pay]: _____

Source(s) of this Income [i.e. Employer Name, Social Security, Disability, etc.]

Total Monthly Expenses _____ Rent/Mortgage Payment _____ Car Payment _____ Utilities _____

Credit Cards and Payment Amounts _____ Food _____

Other Expenses [Please list Name [i.e. Medical] and monthly payment _____

PROOF OF FINANCIAL NEED DOCUMENTS

Please know we truly understand this is a very difficult time for you, and we are requesting very personal information. We sincerely apologize, but unfortunately - this information is necessary to determine eligibility. We promise to keep it confidential. Please blackout Social Security and Account Numbers.

Please provide:

- **One document from this list: Most Recent W2 – OR -- Most Recent Tax Return [first 2 pages only] – OR-- SSI Benefit Letter—OR Monthly Pay Stub**
AND . . .
- **A Copy of your most recent Monthly Checking and Savings Account Statement(s)**

**PLEASE SCAN or PHOTOGRAPH this APPLICATION and ALL REQUESTED DOCUMENTS
[and save them as PDFs or Photographs]
AND EMAIL THEM TO INFO@MIRANDASPEOPLE.ORG**

I hereby certify, to the best of my knowledge, the foregoing is true and correct.

Signature [Dog Parent] _____

Date _____

Signature [Dog Parent] _____

Date _____

Legal Owner [if different from above] _____

Date _____

We truly hope we can assist you as we understand how hard it is to see your precious family member suffering. Unfortunately, there are many applications and funds are limited, but no matter what the result—we want you to know we are wishing the very best for you and your precious family member. **Please take advantage of all resources that may be available to you.** <http://www.mirandaspeople.org/FinancialAssistance.htm>. Also, your own independent research may reveal others.



“Hope is a Wish that can Come True.”

Reviewed by Miranda’s People _____

Date _____

Miranda’s People | 501(c)(3) Nonprofit Corporation | Tax ID# 45-4188454 | www.MirandasPeople.org

Questions? Info@MirandasPeople.Org