



## Tripawds Amputation Surgery Assistance Program Grant Application

[ ] THIS IS MY FIRST APPLICATION [ ] I ORIGINALLY APPLIED ON \_\_\_\_\_(DATE)

NOTE: All grants are in the form of reimbursement for surgeries already completed. Your initial application must be submitted within 30 days of surgery date. If your initial application is denied you may reapply in the next application period. You may only apply twice.

APPLICANT FULL NAME: \_\_\_\_\_  
(Name must match vet invoice.) TRIPAWDS USERNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  Dog  Cat

REASON FOR AMPUTATION (e.g.; Cancer, accident, etc.): \_\_\_\_\_

SURGERY DATE: \_\_\_\_\_

ANNUAL HOUSEHOLD INCOME: \_\_\_\_\_ NUMBER OF PEOPLE IN HOUSEHOLD: \_\_\_\_\_

NOTE: Annual household income disclosure required in addition to Need Qualification documentation.

NEED QUALIFICATION:  Entitlement Program Enrollment Proof -OR-  Documented Income

1. Attach proof of enrollment in state or federal entitlement program, including: WIC, welfare, food stamps, Medicaid, VA Disability Compensation, Social Security Disability or Supplemental Security Income.

OR

2. Attach proof of current annual household income at or below 200% of federal or state poverty guidelines. See [Table 1 below](#) for details. Proof of income can be provided in the form of: a) current pay stub(s) indicating at least six months of income, or b) your most recent income tax forms. All documentation must show the same name(s) as indicated on the vet clinic receipt for amputation surgery.

NOTE: We do not need your social security number. Please omit from all documents.

APPLICATION CHECKLIST:

- I AGREE to provide a written summary of my Tripawd's recovery experience within 7 days of grant approval, with photos of my pet before and/or after surgery for publication on the Tripawds website.
- INCLUDED: Copy of photo ID
- INCLUDED: Copy of itemized vet clinic receipt for amputation surgery
- INCLUDED: Financial Need Documentation
  - Proof of entitlement program enrollment (award letter or payment stub)
  - OR: Proof of income

AFFADAVIT:

I hereby declare all information provided to be true.

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SIGNATURE

PRINTED NAME

DATE

NOTE: TO EXPEDITE DISBURSEMENT OF FUNDS ALL DOCUMENTATION MUST BE SUBMITTED VIA EMAIL TO [FOUNDATION@TRIPAWDS.ORG](mailto:FOUNDATION@TRIPAWDS.ORG). WE WILL NOT CONSIDER APPLICATIONS SUBMITTED WITHOUT ALL REQUIRED DOCUMENTS. CALL 844-874-7293 WITH ANY QUESTIONS.

NOTE: We will send you an acknowledgement as soon as possible after receipt of your application and supporting documentation (generally within 48 hours). You will receive no further notifications unless you are selected as that month's grant recipient after the close of the application period (the 15th of each month). If you do not hear from us then you were NOT selected for that month. You may reapply only once, for the month immediately following that of your initial application.

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SUBMIT FORM

NOTE: By submitting this form you testify that all information provided is true and accurate.

To sign digitally type name as "// Your Full Name" to indicate legal signature.

If your email client does not support form submission, print PDF, scan all documents, and send images to [foundation@tripawds.org](mailto:foundation@tripawds.org).

**Table 1 Maximum qualifying income**

<b>Number in Household</b>	<b>Federal Poverty Guideline (FPG)*</b>	<b>Maximum qualifying income (equal to/less than 200% FPG*)</b>
1	\$11,880	\$23,760
2	\$16,020	\$32,040
3	\$20,160	\$40,320
4	\$24,300	\$48,600
5	\$28,440	\$56,880
6	\$32,580	\$65,160
7	\$36,730	\$73,460
8	\$40,890	\$81,780
For each additional household member add:	\$4,160	\$8,320
<p>*48 contiguous contiguous states and Washington D.C. For federal poverty guidelines in Hawaii and Alaska see: <a href="https://aspe.hhs.gov/poverty-guidelines">https://aspe.hhs.gov/poverty-guidelines</a></p>		