



STAR LIGHT APPLICATION

Kyle's Legacy Inc.'s Star Light program offers financial assistance to help qualified individuals and families in need get medical procedures for their pups to diagnose cancer and in certain cases receive treatment for Stage I cancer. Kyle's Legacy reserves the right to refuse anyone under any circumstance. Below are the general guidelines, however, every request will be reviewed on a case-by case basis.

Requirements and Guidelines to Receive Financial Aid from Kyle's Legacy's Star Light program

- You must be a Massachusetts resident.
- Recipients must be 18 years of age or older and present valid ID
- Proof of financial distress in the form of copies of government issued financial aid, tax return, last 3 pay check advices or of any assistance you currently receive such as: Social Security, Unemployment, Transitional Assistance, SNAP, WIC, Mass Health, etc.
- Proof of dog licensing in MA
- You attest that your pet is for companionship and not for breeding or illegal activities
- Pets must be a part of the family with inside shelter and be maintained in a healthy environment and living conditions
- Financial aid recipients cannot take on any additional animals while receiving assistance
- A copy of estimate from veterinarian or oncologist to include their contact information
- All monies will be sent directly to the veterinarian or hospital providing the care and/or treatment
- You must notify Kyle's Legacy Inc. immediately if your financial situation changes prior to procedures.
- Each procedure/treatment will require a new application. Financial aid provided is on a one time basis and does not guarantee future aid.

SHOULD YOU VIOLATE ANY OF THE REQUIREMENTS, KYLE'S LEGACY INC. CAN TERMINATE ASSISTANCE IMMEDIATELY WITHOUT NOTICE. COMPLETELY FILL OUT AND SIGN THE APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Where did you hear about this program? _____

Are you related to or affiliated with anyone in Kyle's Legacy Inc.? _____

If yes, who? _____

Have you applied to Kyle's Legacy Inc. previously for financial aid either for this pup or another? _____

If yes, please explain _____



STAR LIGHT APPLICATION

APPLICANT'S INFORMATION (please print clearly)			
Applicant's Full Name			
Street Address			
City/Town	State	Zip Code	
Phone		Email	
Best way to reach you? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify)			
Best Day(s) and Time(s) to contact you?			
Are you currently receiving: <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> SNAP <input type="checkbox"/> Mass Health <input type="checkbox"/> Medicaid / Medicare <input type="checkbox"/> WIC <input type="checkbox"/> Public Housing <input type="checkbox"/> Section 8 <input type="checkbox"/> Transitional Assistance If other, please explain:			
Please explain why you are requesting financial aid from Kyle's Legacy's Star Light program:			
PET INFORMATION (please print clearly)			
Pup's Name			
Breed			
Sex	Weight	Age	Spayed/Neutered
Is your pup up-to-date with Rabies Vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has your pup been diagnosed previously with cancer:			
Do you have pet insurance? _____ If so please list carrier:			
Does your insurance cover part of this procedure/treatment?			
Is your pup <input type="checkbox"/> From a Rescue <input type="checkbox"/> From a Breeder <input type="checkbox"/> From a Pet store <input type="checkbox"/> Other (specify)			
Current Veterinarian's Name:			
Veterinarian's Phone Number:			
Any other pets in home?			

AGREEMENT AND SIGNATURE

By signing below, you agree to the program provisions and attest that the information provided is truthful. The undersigned hereby releases Kyle's Legacy and all representatives, from any and all liability related to the financial aid provided. Agree not to hold Kyle's Legacy, its volunteers, Board of Directors, and benefactors legally liable in the unfortunate event your pet(s) succumbs to illness.

Signature: _____ Date: _____

Please sign below to grant us your permission to use your story and/or pictures in our newsletter or on our website, without compensation. (The story and/or photos will not include your name or location, if you prefer that it be anonymous. Please indicate if you would like to remain anonymous, next to your signature.

Signature: _____ Date: _____