



AlignCare® Social Service Agency Screening Form

AlignCare® Applicant Information

Date

First Name

Last Name

Street Address or P.O. Box

City/Town

State

Zip Code

Phone 1

Phone 2

Email 1

Email 2

AlignCare® Eligibility

Please indicate which of the following means tested programs the family currently participates in (check all that apply).

Please select all that apply

- Public Assistance (cash assistance)
- Medicaid
- Food Stamps
- Section 8
- Emergency Housing
- SSI
- Other means-tested benefit

What is the other type of means tested program is the family participating in?

Pet Information

How many pets are currently in the family?

Please select one

- 1
- 2
- 3
- 4
- 5
- More than 5

How many dogs are in the family?

Please select one

- 1
- 2
- 3
- 4
- 5
- More than 5

How many cats are in the family?

Please select one

- 1
- 2
- 3
- 4
- 5
- More than 5

How many pets of species other than dog or cat are in the family?

What species is/are the pets in the family other than dog or cat?

What is the family's timeframe for seeking veterinary care for their pet(s)?

Please select one

- Within the next week
- Within the next two weeks
- Within the next month
- As soon as possible, as my pet has an urgent medical need.

Please complete the following information for each pet in the family.

	Pet Name	Species	Breed	Age	Spay/Neuter Y/N	Current health concern
Pet 1						
Pet 2						
Pet 3						
Pet 4						