



# 2020-2021 COMMUNITY HEALTH CONTRACT (CHC) GRANT IMPACT REPORT

**Organization Name** Senior/Special Needs Animal Assistance Project Endeavor

**Program Name** Companion Animal Outreach

**Person submitting the impact report** Mary Ann Bouse

**Ages: List the percentages of your program participants' ages who received services during this reporting time frame.**

	Percentage served
Children (infants to 12)	
Young Adults (13-18)	
Adults (18-60)	
Seniors (60+)	7
Unknown	

**Gender: List the percentages of your program participants' gender identification who received services during this reporting time frame.**

	Percentage served
Female	6
Male	1
Non-binary	
Unknown	

**Income: List the percentages of your program participants' income limit category of those who received services during this reporting timeframe (2019 HUD – AMI Income limits: 4 person family).**

	Percentage served
Extremely Low-Income (ceiling of \$32,100)	100
Very Low (50% Income (ceiling of \$53,500)	
Low (80%) Income (ceiling of \$85,600)	
Higher than listed limits	

	<b>Percentage served</b>
<b>Unknown</b>	

**How many District residents directly benefited (participant/client) from this program:** 7

**Approximately how many residents received an indirectly benefit (# of those benefiting from the participant receiving the service) from this program:** 14

## **GOALS & OBJECTIVES**

**Goal 1 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.**

Because of Covid we do not feel we were able to reach all of our objectives. Potential clients were hesitant to have contact

**Goal 2 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.**

For those we served we were able to provide good outcomes for our clients - food, groomers, spay/neuter, meds

## **PARTICIPANT SUCCESS STORY**

### **Participant Success Story:**

Our client Mirta had a very sick young cat which she was unable to provide veterinarian care. We took her pet to the vet and had various tests done; purchased the medicine followed up with the client on a daily, then weekly basis to be sure she was administering the meds. We transported the client and her cat to the vet for follow test to assure the bacterial infection was gone. We also provide proper food and litter. Our client was so grateful she called to thank us every time we supported her. Her cat is now healthy and happy which makes her happy and stress free.

## **ACKNOWLEDGEMENT**

**Please describe how the Fallbrook Regional Health District's investment in this program was acknowledged during this reporting timeframe.**

We advised all of our clients and potential clients that Regional Health District provided the funds that made it possible for us to be of service to them and their pets.

**Acknowledgment example: please upload an example of one method in which the District was acknowledged.**



*Senior Special Needs Animal Assistance (SSNAAPE) introduces a New Pet Care Program for Seniors and Disabled Citizens in the Fallbrook, Rainbow and Bonsall areas.*

**Companion Animal Outreach offers:**

- In-home veterinary visits for minor conditions, injuries and chronic illnesses
- Vaccinations and flea control
- Microchipping
- Spay and neuter options
- Pet food and supplies
- Grooming and nail trimming
- Transportation to Veterinarians and Groomers

Income requirements are less than \$40,000/single household, \$60,000/multi household, combined income. Seniors and the Disabled receive all services at no charge with a qualifying family income.

For more information:

Susan 760-645-3287  
MaryAnn 760-728-0249  
ssnaape44@gmail.com

Program financed through a grant by  
**Fallbrook Regional**  
HEALTH DISTRICT

In 2006, SSNAAPE, a non-profit 501c3, was founded in Fallbrook by MaryAnn Bouse.

## BUDGET

**Please upload a copy of the program budget you submitted with the application, with an additional column demonstrating the current utilization of grant funds.**



SSNAAPE\_CAOP\_proposed\_budget.xlsx

**Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.**

No significant differences

**Please sign your form:**