

# Mary Ann Bouse

## Senior/Special Needs An...

Submission Date  
January 10, 2021 07:59

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

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+)            | 4                 |
| Unknown                  |                   |

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

|            | Percentage served |
|------------|-------------------|
| Female     | 3                 |
| 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 Incomelimits:4person family).

|   | Percentage served |
|---|-------------------|
| Extremely Low-Income (ceiling of \$32,100)  | 4                 |
| Very Low (50%0 Income (ceiling of \$53,500) |                   |
| Low (80%) Income (ceiling of \$85,600)      |                   |
| Higher than listed limits                   |                   |
| Unknown                                     |                   |

How many District residents directly benefited (participant/client)from this program: **4**

Approximately how many **4**

residents received an indirectly benefit (# of those benefiting from the participant receiving the service) from this program:

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

Projected clients was 10. Unfortunately we have not met this goal. Many seniors want to isolate because of Covid which has impacted our progress greatly. In addition, since November, I myself have had three quarantines back to back and had a case of the virus.

Participant Success Story:

Through Senior Care we received a call to help a disabled woman with her support dog, Prince. Since his guardian, a US veteran, is immobile we were asked to transport him to and from the groomers. Also, we picked up his meds at the veterinarians. We will take Prince to the groomers on a regular basis. Prince's guardian had to go to the hospital for several weeks and was at a loss of where Prince would go. Our volunteer, Susan Rappoport, took Prince into her home for that time thus easing his guardian's stress on his care. Prince means everything to his guardian and we were so happy to help in this situation.

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

Our clients and community businesses, we always explain that our program exists because of the FRHD grant..

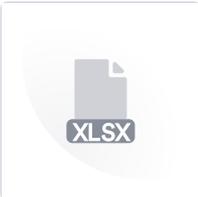
All our ad and handout material recognize FRHD with the name and logo.

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



[MAB 2.jpeg](#)

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.

N/A

Please sign your form:

MA Bourse