

# Wellness Wishes' FACR

Date of Application: \_\_\_\_\_

## Point of Contact Information

Full Name & Title/Role: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Department Name

Department \_\_\_\_\_

City | Township | County and State \_\_\_\_\_

Website: \_\_\_\_\_

Online Presence: \_\_\_\_\_

## Current Billing Set Up

Do you currently have a billing provider? If "Yes" please provide the name and if you're open to transitioning providers if beneficial.

\_\_\_\_\_

Estimated number of EMS calls per month: \_\_\_\_\_

Any known issues with underpaid or denied claims?

\_\_\_\_\_

## Revenue Recovery Potential

Would you like an audit of the past 2+ years of claims? ☐ Yes ☐ No ☐ Not Sure

Do you have access to past claims data or reports? ☐ Yes ☐ No ☐ Not Sure

Are you looking to increase daily billing efficiency? ☐ Yes ☐ No ☐ Not Sure

## Disaster Impact Assessment

*This helps us understand how your department and community may have been affected by recent or ongoing disasters, and how FACR services may support holistic recovery.*

Has your department or community experienced any significant natural or man-made disasters in the past 5 years? Select All That Apply

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Wildfire   | <input type="checkbox"/> Major Industrial/Chemical Incident    |
| <input type="checkbox"/> Hurricane  | <input type="checkbox"/> Prolonged Power Grid Failure          |
| <input type="checkbox"/> Flood      | <input type="checkbox"/> Pandemic-Related Operational Collapse |
| <input type="checkbox"/> Tornado    | <input type="checkbox"/> Other: Please Describe                |
| <input type="checkbox"/> Earthquake | _____  |

Briefly describe the impact on your department's operations, facilities or personnel:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your department still in recovery or rebuilding mode? Please provide Yes/No, Partially or Unsure answer with a brief summary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received State or Federal funding related to this disaster?

- ☐ Yes      ☐ No      ☐ Unsure

## Disaster Impact Assessment Continued

Are there any animal welfare partners, shelters, or community orgs your department collaborates with during emergencies?

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### Additional Services or Needs

Would you like your department to be considered for community reinvestment or animal support funds?

☐ Yes ☐ No ☐ Open to Learning More

Any other information you'd like to share?

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When submitting this application, please include any additional pages if needed, summaries and overviews, PR releases, communications, biographies, media links, or any other relevant material to be considered.

☐ *I affirm that I am authorized to submit this application on behalf of the department listed above.*

☐ *I consent to being contacted by FACR for follow-up regarding this application.*

Please submit this application and all relevant material to **applications@FundingAdvisorsCR.com**

*Thank you for taking this step.*

You are not just recovering revenue. You are reclaiming resources for your responders, your community, and all lives impacted by your service — **human and animal alike.**

We will be in touch shortly with next steps.