

Animal Food Assistance Program

This program offers temporary relief to your current situation and is <u>NOT</u> intended for long-term assistance.

You are allotted 1 bag of dog/cat food per month.

We need you to answer a few questions and provide us with some additional information. Please provide a copy of your state issued ID as well as a current utility bill or mortgage/rental agreement with your address.

<u>UPON SIGNING THIS FORM, YOU ARE ENTERING INTO AN</u> <u>AGREEMENT, AND FAILURE TO UPHOLD SAID AGREEMENT</u> WILL RENDER YOU UNQUALIFIED FOR SERVICES PROVIDED.

DATE:_____

NAME:_____

ADDRESS:_____

PHONE:_____

HOW MANY ANIMALS DO YOU HAVE? DOGS: ____CATS: _____

ARE THEY ALL SPAY/NEUTERED? YES OR NO (CIRCLE

ONE) IF NO, WE WILL GIVE YOU INFORMATION ON LOW-COST SPAY/NEUTER SERVICES. THIS MUST BE DONE TO CONTINUE IN THE PROGRAM.

DO YOU RECEIVE ANY GOVERNMENT ASSISTANCE? PROOF IS NEEDED. YES OR NO (CIRCLE ONE)

*While on the program you may not acquire any other animals. The reason for this is if you cannot afford to feed the current ones, we cannot guarantee that we can help with allotting more food to you. *

SIGNATURE:_____

Date	Amount	Staff Signature