

Operation Kindness Pet Food Pantry



**OPERATION
KINDNESS**
Pet Food Pantry

Online Application for Temporary Assistance

Please read the attached guidelines and fill out the application as completely as possible. All information will be kept strictly confidential.

Name: _____

Street Address: _____

City: _____ State: _____

Postal/Zip Code: _____

Phone Number: (____) - ____ - _____ Alternate Phone: (____) ____ - _____

Email Address: _____

Number of Adults in the Household: _____

Number of Children in the Household: _____

Do you have transportation?: _____

Monthly Household Income (earned) : _____

Any Other Income (welfare, child support): _____

Total Income per Month: _____

Rent/Mortgage cost: \$ _____ per month

Please list assistance received:

Food Stamps: \$ _____

Housing: \$ _____

Other: \$ _____

Reason for Financial Need:

Reduced Income_____

Unemployed_____

Disability_____

Other_____

Have you received assistance from the Operation Kindness Pet Food Pantry previously?

Yes_____

No_____

If you have previously received assistance, when?:_____

How long are you needing pet food assistance?_____

Please list all pets in the household:

1. Name:_____Age:_____Breed:_____Weight:_____

Spayed/Neutered*:

2. Name:_____Age:_____Breed:_____Weight:_____

Spayed/Neutered*:

3. Name:_____Age:_____Breed:_____Weight:_____

Spayed/Neutered*:

4. Name:_____Age:_____Breed:_____Weight:_____

Spayed/Neutered*:

Are any of the pets listed above used for

breeding?:_____

***Please note that to be eligible for temporary pet food assistance ALL pets of your household must be spayed or neutered. Proof must be provided. If your pet or pets are not spayed or neutered and you need assistance identifying low-cost options, we would be happy to help you.**

I certify that all information is true, and that all income is reported. I understand that income will be verified with appropriate parties. I understand that if I falsify any information my pets will lose assistance.

Signature:_____

Date:_____

Operation Kindness Pet Food Pantry 2017 – 2018 Guidelines

Thank you for reaching out to the Operation Kindness Pet Food Pantry. We understand that times are tough, and our goal is to keep as many pets with their families as possible. With that in mind, please understand that this program is not set up to supply food permanently and is for **temporary assistance only**. With approval of application we will provide food for up to a 3 month period, at which time reapplication is required.

Below are our guidelines. Please read to see if you will qualify for assistance, then fill out our application. Please answer all questions truthfully. All information is kept confidential.

To be considered for assistance, applicants must:

Be the owner of the animal(s) and be over 18 years of age (*one applicant per household*)

- Provide a valid proof of identity (State issued id/driver's license)
- Provide a statement of qualifying benefit period (Social Security, Unemployment, Disability, Medicare/Medicaid, Food Stamps etc.) We will also consider applicants who are experiencing temporary hardships (major pet or human illness, household disasters, etc.)

OR

- Provide Proof of Income – earned and unearned income for all persons residing in the home.
 - Earned: paycheck stubs
 - Unearned: disability benefits, unemployment compensation, child support
- Understand that we must limit the number of pets that are given food to approximately 3 per household, but we will discuss per situation.
- Understand that specific types of food will be considered (senior, large breed, etc) but that our Food Pantry is only able to provide what is available from donated supplies.
- Understand that Operation Kindness Pet Food Pantry reserves the right to deny or terminate assistance at our discretion.

By printing and signing your name below, you are acknowledging that you understand and agree to the above terms and conditions.

Printed Name: _____

Date: _____

Operation Kindness Pet Food Pantry Rules

Please initial:

I,_____, understand that in receiving assistance I must complete an online application and agree to the rules and guidelines of the program.

I,_____, understand that there may be only one account per family.

I,_____, understand that my application will be reviewed by an Operation Kindness Pet Food Pantry representative prior to qualifying for assistance.

I,_____, understand that the following forms of valid identification must be presented: State issued photo ID/drivers license, pay stub, or other form of government-issued check. **If you receive government assistance, we require proof dated within 2 weeks. If there is no income due to job loss, we need proof of unemployment approval or denial. If unemployment is not available, then we need proof of job-search (example: temp agency-type employment). Additional proof of income may be requested at our discretion.**

I,_____, understand that all pets in the household must be spayed or neutered. **PROOF IS REQUIRED.** If you need guidance finding a low-cost option we can help.

I,_____, understand that I will only receive assistance for up to 3 months after which I will have to reapply.

I,_____, understand that I may only pick up food once a month.

I,___, understand that while I am receiving assistance I may not get any more animals than the ones I currently have authorized on the application. If I choose to get more pets, I will no longer receive assistance from the Operation Kindness Pet Food Pantry.

I,_____, understand that my pet(s) will not be used for breeding purposes or illegal acts.

I,_____, understand that I am only allowed to have one person other than myself authorized to pick up food for me.

Name: _____ Date: ____/____/_____

Operation Kindness Pet Food Pantry
Checklist for Documentation Needed in Support of Application for Assistance

1. Proof of income. The required documentation is stated on the application.
2. Proof of spay/neuter of all pets listed on the application
3. Proof of identification. The acceptable forms of ID are noted on the application.