



## Operation Kindness Pet Food Pantry Guidelines

Our mission is to provide temporary support to you during difficult times. This program is set up for **temporary assistance only**. With approval of your application, we will provide food for up at 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 complete the application. Please answer all questions truthfully. All information will be kept confidential.

### To be considered for assistance, applicants must:

- Complete the application and rules (pages 2-3).
- Be the owner of the pet(s) and be over 18 years of age (one applicant per household)
- Provide a valid proof of identity (Driver's license/state issued ID, passport)
- Provide a statement of qualifying benefit period (Social security, unemployment, disability, Medicare/Medicaid, TANF, etc.) We will also consider applicants who are experiencing temporary hardships (major pet or human illness, disaster, etc.)
- All pets in the household must be spayed or neutered. Proof must be provided. Low-cost spay/neuter referrals can be provided if needed.

### 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 will be evaluated case by case.
- Understand that specific types of food will be considered (senior, large breed, etc.) but that our Pet Food Pantry is only able to provide what is available from donated supplies.
- Understand that the Pet Food Pantry reserves the right to deny or terminate assistance at our discretion.

### Documentation Required:

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 (Driver's license, state issued ID, passport).

**Operation Kindness Pet Food Pantry**  
**Application for Temporary Assistance**

Name: \_\_\_\_\_

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of children in household: \_\_\_\_\_

Do you have transportation? \_\_\_\_\_

Monthly Household Income: \$ \_\_\_\_\_

Other Monthly Income (child support, government benefits, etc.): \$ \_\_\_\_\_

Total Income per Month: \$ \_\_\_\_\_

Reason for financial need:

- Reduced income
- Unemployed
- Disability
- Other \_\_\_\_\_

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

- Yes            If yes, when: \_\_\_\_\_
- No

How long do you need pet food assistance? \_\_\_\_\_

Please list all pets in the household:

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_
4. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Are any of the pets listed above used for breeding?

- Yes
- No

*By signing your name below, you are acknowledging that you understand and agree to the guidelines above. Additionally, you certify that all information is true, and that all income is reported. You understand that income will be verified with appropriate parties. You understand that if you falsify any information your pet(s) will lose assistance.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Operation Kindness Pet Food Pantry Rules

Please initial and sign below:

\_\_\_ 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/driver's 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. Low-cost spay/neuter referrals can be provided if needed.

\_\_\_ 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_