



# Application for Services

Our agency's overall mission is to assist with essential animal care services in the Franklin County Community through dynamic partnerships with local organizations. *We accomplish these goals through the following programs: **The SNIP Fund, TNR for Feral Cats and our Pet Pantry.***

To apply you must meet the following requirements:

- be a **resident of Franklin County, North Carolina AND**
- receive Federal or State Financial Aid **OR**
- meet the Federal Poverty Guidelines.

## YOUR INFORMATION – PLEASE PRINT CLEARLY AND FILL IN EVERY SECTION

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

First Phone #: \_\_\_\_\_ Second Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street Address (if different from Mailing Address): \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

## FINANCIAL INFORMATION

**If you receive support from any of the following assistance programs, please check each that apply. You must provide us with a **COPY** of the most recent version of at least one type of public assistance and **COPY** of a Photo ID.**

- |  |   |
|--|---|
| <input type="checkbox"/> WIC card (with current date)<br><input type="checkbox"/> EBT (food stamp) card with photo ID & food store receipt dated within previous 3 weeks<br><input type="checkbox"/> Unemployment (North Carolina only) copy of determination letter from the State<br><input type="checkbox"/> Disability [copy of determination letter from the State] | <input type="checkbox"/> Social Security Income - (for adult, not for child) <b>NOTE:</b> Social Security Income is <b>NOT</b> a qualification unless social security is your <b>ONLY</b> income. If so provide copy of last three bank statements showing deposit of SSI check. Please make sure to blank out account numbers.)<br><input type="checkbox"/> I do <b>NOT</b> receive any of these services, but can provide proof that I meet the Federal Poverty Guidelines. |
|--|---|

**Total Annual Household Income:** \$ \_\_\_\_\_ / per year

Please list **all** household members including yourself who rely on the income you have listed:

First Name	Age	Occupation	Full/Part Time/Not Working?
1			
2			
3			
4			
5			
6			

**Please select the type of service you are requesting from the SPCA of Franklin County.**

**Mark all that apply.**

- The SNIP Fund:** a program for low income Franklin County pet owners who cannot afford to spay or neuter their pets. It allows them to pay just \$35 for cats and \$50 for dogs and includes vaccinations and a microchip.
- TNR for Feral Cats:** a Trap, Neuter, Return program that provides spay/neuter assistance to people in Franklin County who are providing care to community/feral cats. This program includes a health exam and vaccinations.
- Pet Pantry:** a pet food bank for Franklin County pet owners that provides free pet food and pet supplies to families in need

**Please Complete ALL Required Information Below**

Total number of pets in home: \_\_\_\_\_ Number of Dogs: \_\_\_\_\_ Number of Cats: \_\_\_\_\_

Total number of pets NOT spayed/neutered: \_\_\_\_\_ Any pets other than dogs and cats?  YES  NO

Are your pets up to date on Rabies shots?  YES  NO Types: \_\_\_\_\_

Do your pets need other types of shots?  YES  NO  Unsure

Do any of your pets have any health care concerns?  YES  NO List: \_\_\_\_\_

Do you foster or provide housing to any pets that are put up for adoption either publicly or privately?  YES  NO

Are any of your pets used for breeding, profit, hunting or gaming?  YES  NO

Are you receiving services from any other pet care agencies?  YES  NO

If Yes above, list name and type: \_\_\_\_\_

**Information on pets for which you are requesting services for from the SPCA of Franklin County**

Name	Sex	Age	Weight	Breed & Color	Dog or Cat	

**Optional:**

We love to learn about your pets. Please tell us more about the pets you are requesting services for. For example tell us how they came into your life (stray, adopted, purchased), why you chose to have them spayed/neutered and why they are an important part of your family. We also love to see photos of your pets. You can include a hard copy with your application or email them to us at admin@spcafc.org. Any photos you send become property of the SPCA of Franklin County and could be used in future publications.

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I hereby attest to the accuracy of this information. The SPCA of Franklin County has my permission to verify this information to prove that I qualify. If any of the information I have provided about my income or eligibility is found to be false, I understand that I will no longer be eligible for services from any of the programs of the SPCA of Franklin County..

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

Note: The financial information you provide will be used to qualify you for this program and will be kept completely confidential by the SPCA of Franklin County.