

**PET FOOD PANTRY PROGRAM APPLICATION**

**PART 1. PETS IN THE HOUSEHOLD** (Please attach an additional page if needed.)

SPECIES	BREED DESCRIPTION	COLOR	AGE	WEIGHT

**PART 2. TOTAL MEMBERS OF THE HOUSEHOLD** (Please attach an additional page if needed.)

FIRST, MIDDLE, LAST NAME	STREET ADDRESS	CITY, STATE, ZIP CODE	PHONE NUMBER	DATE OF BIRTH

**PART 3. TOTAL HOUSEHOLD GROSS INCOME--YOU MUST TELL US HOW MUCH AND HOW OFTEN**

1. Name (List everyone in household) Please attach an addition page if needed.	2. Gross income and how often it was received								3. Total Income	
	Earnings from work before deductions		Welfare, child support alimony		Pensions, retirement, Social Security		All Other Income		Income	How often
	Income	How often	Income	How often	Income	How often	Income	How often		

**4. Total Income per Household**

List food Stamp (FS) or Temporary Assistance (TA) case # and check appropriate box: FS:  TA:

**PART. 4 SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. The adult signing the application must also list his or her complete Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement.)

**I certify (promise) that all information on this application is true and that all income is reported. I understand that the Pet Food Pantry Program will get donations based on the information I give. I understand that Pet Food Pantry Program officials may verify (check) the information. I understand that if I purposely give false information my pets may lose pet food benefits, and I may be prosecuted.**

Sign here: )X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Social Security# \_\_\_\_\_  I do not have a Social Security #

**Privacy Act Statement: This explains how we will use the information you give us.**  
 You do not have to give the information, but if you do not, we cannot approve your pet(s) for the Pet Food Pantry program. You must include the social security number of the adult household member who signs the application. The social security number is not required when you list a Food Stamp Program and/or Temporary Assistance Program Case number for anyone in your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your pet(s) is eligible to participate in the Pet Food Pantry program, and for administration and enforcement of the Pet Food Pantry program. We MAY share your eligibility information with pet food donors to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, Department of Family Services, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:** In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

**DO NOT FILL OUT THIS SECTION. THIS IS FOR PET FOOD PANTRY PROGRAM USE ONLY.**

Total Income: \_\_\_\_\_  Week,  Month,  Year Household Size: \_\_\_\_\_  
 Food Stamps/Temp. Assistance:  Number of Pets: \_\_\_\_\_ Eligible:  Denied:   
 Reason: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_  
 Determining Official's Signature: \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_

## PET FOOD PANTRY PROGRAM

*The Pet Food Pantry was established to assist qualifying pet owners with their pet food needs during these trying times. The Rolla Animal Control/Shelter, the Phelps County Animal Welfare League and Royal Canin hope to prevent animal turn-ins to the Rolla Shelter due to financial problem of pet owners due to the current economy. We especially want to thank Royal Canin for their pet food donations, which are making this program possible.*

You may apply for the Pet Food Pantry Program at the Rolla Animal Shelter, located at  
 1915 Sharp Road, Rolla, MO 65401  
 during the following hours:

Monday - Friday:        10am to 1pm    &    3pm to 4pm  
 Saturday & Sunday:    12pm to 4pm

**Your pets qualify for the Pet Food Pantry if following applies to you:**

1. You reside within the City limits of Rolla and/or the County limits of Phelps County.
2. You are the owner of a cat and/or dog.
2. You now receive food stamps for you child(ren).
3. Your household Income falls within the limits on this chart.

<b>THIS INCOME CHART IS BASED ON THE FEDERAL INCOME CHART FOR THE SCHOOL LUNCH PROGRAM (2007-2008)</b>			
Household size	Yearly(gross)	Monthly (gross)	Weekly(gross)
2 persons & 2 pets	19,240	1,604	370
more than 2 persons & 4 pets	25,900	2,159	499

Any pet owner with more than 4 pets may apply should he/she fall within this income range but is subject to special arrangements.

**Commercial Breeders, Pet Stores, Animal Boarding Facilities and anyone making a profit of pets does not qualify for this for program.**

*Free dog and cat food will only be provided within the limits of the amount of dog and cat food donations received.*

**THE FOLLOWING DOCUMENTATION WILL BE REQUIRED BEFORE WE CAN ACCEPT ANY APPLICATION:**

1. **VALID IDENTIFICATION CARD OR DRIVERS LISENCE**
  2. **PROOF OF RESIDENCY** (*Current Utility Bill*)
  3. **PROOF OF INCOME** (*Current pay-, unemployment-, retirement voucher; FS or TA official approval letter; etc.*)
  4. **PROOF OF NUMBER OF PET(S)** (*Proof of vaccinations or pictures would be preferred but is not required*)
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Once you have been approved you will be notified by telephone at which time we will provide you with a confirmation number. You must provide this confirmation number and a current identification card/drivers license at the time of the food pick up. **The address on your identification card/ drivers license must be your current address. You must re-apply for this program yearly.**

*To stay eligible for this program you must notify us of any changes in your household within 14 days.*

**PET FOOD PANTRY PROGRAM RELEASE FORM**

I, \_\_\_\_\_, understand that this pet food product received through the Pet Food Pantry Program has been donated by Royal Canin USA to the Phelps County Animal Welfare League and is not for sale to the public. Therefore, I agree to use this pet food product to feed my personal pet(s) only and I will not re-sell this pet food product to any person(s) or business. I also understand that I must not feed this pet food product to cattle or other ruminants.

I understand and agree that Royal Canin USA, the Phelps County Animal Welfare League, the Rolla Animal Control and Shelter and any person(s) employed by Royal Canin USA, the Phelps County Animal Welfare League and the Rolla Animal Control and Shelter will not assume any liability and /or guarantee for this pet food product in any way.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date