

QUALIFICATIONS FOR ASSISTANCE

To qualify for the pantry program, those seeking supplies &/or vouchers need to be approved with a one-time application prior to receiving their first monthly distribution. Approvals for receiving supplies/vouchers will be based on the household income guidelines listed below and the hardship statement found in the application. **If your family exceeds the income guidelines, please let us know your circumstances. We review each situation on a case by case basis.** We understand that unexpected emergencies do arise, and temporary help may be needed.

Proof of income can be a card or award letter from a government assistance program or Social Security, pay stub, tax return, or unemployment stub.

Please bring a photo ID at time of pick-up.

INCOME GUIDELINES

- | | |
|------------------------|-------------------------------|
| • 1 person/household | 16,000/year or less |
| • 2 person/household | 25,000/year or less |
| • 3 person/household | 28,000/year or less |
| • 4 person/household | 34,000/year or less |
| • 5-6 person/household | 38,000-40,000/year
or less |

If you qualify and are accepted into the program, you will be contacted by the distributor regarding monthly distribution. Applications are reviewed the first Monday of every month.

Please note: Pet supplies/vouchers are provided on a first come, first serve basis. We are a supplemental resource that depends upon donations and volunteers; therefore we cannot guarantee the amount or kind of supplies you will receive.

Completion of the application is not a guarantee of acceptance. All applications are reviewed and accepted at the discretion of the LAPP board. We reserve the right to refuse or discontinue service to anyone under any circumstance.

Failure to comply with any of the requirements or statements within this application or the abuse of volunteers or the pantry system will result in immediate termination of assistance.

LAPP, LAPP Board Members, LAPP Volunteers or the LAPP donors cannot be held responsible for injury at LAPP distribution or collection sites.

We accept donations of all kinds of pet products. By accepting products and/or services from the Pantry, the recipient, all household members, their friends, and family agree not to hold the LAPP, volunteers, and benefactors legally liable in the unfortunate event the recipient's pet(s) becomes ill or the food upsets the pet's stomach.

RULES & REGULATIONS TO RECEIVE PET SUPPLIES

I understand that this program is for companion animals only.

I understand that LAPP is a nonprofit group run by volunteers and relies upon donations.

I understand supplies will be provided for up to 3 pets and this program is meant to **supplement** my food supply. **Please note:** If LAPP has extra, we will always try to provide for additional pets in the household.

I understand supplies for this program are donated from various sources, therefore the LAPP cannot guarantee the quality or quantity.

I understand supplies are limited and the LAPP's goal is to keep companion pets with their families and out of shelters; therefore, this program is **NOT** for individual rescuers or group rescuers.

I agree to **NOT** add any new pets to my household. This means if a current pet is no longer with you ... you many **NOT** replace it with a new pet. Our view, is if you take on a new pet, you feel you can afford to feed it and you will be removed from the program.

I understand that my financial qualifications will be reassessed every 3 months or as the LAPP deems necessary.

I agree that if my pets are not neutered (fixed), I must have them neutered. LAPP has vouchers for neutering and rabies vaccinations when funds are available.

I agree that my pet(s) are not used for breeding, gambling or fighting.

By submitting this application, I agree that all information provided is true to the best of my knowledge. I also agree to the LAPP rules and regulations.

PET OWNER PERSONAL INFORMATION

Name: _____

Address: _____

Current phone#: _____

Email: _____

I am applying for: Product assistance Spay/Neuter/voucher Rabies voucher

List ALL household members

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Marital status: Single Married Separated Divorced Widowed

Number of children in household _____

Do they receive child support? yes no Amount \$ _____/month

Are you currently employed? yes no Full time Part time

Place or type of employment: _____

Is there ANYONE else living in your household that helps with bills? yes no

Do you rent own Monthly payment \$ _____

Do you have any of the following: Checking amount \$ _____ Savings amount \$ _____

Total monthly income for ALL household members \$ _____

Pet owners must be receiving one of the following forms of assistance. (If owner is not, there is a section below for owner to explain financial hardship.) Please indicate below all forms of assistance received and be prepared to provide noted documentation.

unemployment \$ _____

Disability \$ _____

Social Security \$ _____

Medicaid \$ _____

SNAP \$ _____

Military Retirement \$ _____

Or - experiencing financial hardship such as:

foreclosure

low income status

sudden medical expenses

other

Any other explanation of financial hardship. Approval will be on a case by case basis. Documents may be requested.

PET INFORMATION

1. Pet name: _____ dog cat male female age _____ weight _____

Needs rabies shot? Yes No Neutered? (Fixed) Yes No You must be willing to neuter

Food: (please list 3 or more acceptable brands - we will do our best)

Cat Litter:

Special food needs/allergies: _____

2. Pet name: _____ dog cat male female age _____ weight _____

Needs rabies shot? Yes No Neutered? (Fixed) Yes No You must be willing to neuter

Food: (please list 3 or more acceptable brands - we will do our best)

Cat Litter:

Special food needs/allergies: _____

3. Pet name: _____ dog cat male female age _____ weight _____

Needs rabies shot? Yes No Neutered? (Fixed) Yes No You must be willing to neuter

Food: (please list 3 or more acceptable brands - we will do our best)

Cat Litter:

Special food needs/allergies: _____

Other information you would like us to know:

The LAPP board meets on the first Monday of the month (excluding holidays). Applications must be received by the last day of the previous month to be considered. Distribution is one Saturday/month. Accepted applicants will be contacted prior. It is the applicant's responsibility to arrive at the distribution location on time. Failure to do so will mean suspension of distribution for that month.

If you are having difficulty with this on-line application or cannot down load it or print it, hard copies are available at:

Grace Lutheran Church
202 2nd St SE
Watertown, SD

Monday-Thursday 8am-5pm