



CHECKLIST FOR DOCUMENTATION NEEDED TO BE RETURNED WITH APPLICATION.

1. Completed application.
2. Proof of income. The documentation you need to provide is stated on the application paperwork.
3. Proof of the spay/neuter of all pets listed on application. If your animal(s) has been spayed/neutered by the LAA spay/neuter program, or if an animal is currently on the Lincoln Animal Ambassadors spay/neuter list please note this on the application.
4. Proof of Identification. The kinds of identification that are acceptable are listed on the application.

Please fill out your complete address on the application form, including the zip code. We will need that information in order to send your Temporary Assistance Pet Food Bank card.

If any of the above documentation is not provided, we will not be able to issue a card until the missing documentation is provided.



TEMPORARY ASSISTANCE PET FOOD BANK Account #: _____

Part 1: Total members of the household

Full Name	Date of birth	Address	Phone Number	Email Address
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Part 2: Please list all pets in the household.

Name/Age	Species	Breed	Color	Weight	Sex	Spayed/Neutered?
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____

Part 3: Total Household Gross Income

Work: \$ _____ How often: _____
 Pensions, retirement, SSI/SSDI: \$ _____ How often: _____
 Welfare, Child Support: \$ _____ How often: _____
 All other income: \$ _____ How often: _____

Total Income: \$ _____

Rent/Mortgage cost: \$ _____ per month

Part 4: Please list assistance received

Food Stamps: \$ _____
 Housing: \$ _____
 Other Assistance: _____

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

Print Name: _____ Sign: _____ Date: _____

Where did you hear about Lincoln Animal Ambassadors? _____

Return Application, Proof of Financial Need and Signed and initialed Rules and Guidelines to:

Lincoln Animal Ambassadors
 PO Box 67072
 Lincoln, NE 68506
 (402) 817-1168

Or deliver to LAA Temporary Pet Food Bank on Monday or Thursday evenings from 7:00 pm to 8 pm.

OFFICE USE ONLY Total Income: _____ Household Size: _____ # of Pets _____ Date Accepted: _____ Denied: _____
 Reason: _____ Initial: _____



Lincoln Animal Ambassadors Temporary Assistance Pet Food Bank Guidelines for Proof of Financial Need
(402) 817-1168

"serving Lancaster County"

Each individual who applies for temporary assistance through Lincoln Animal Ambassador's Temporary Assistance Pet Food Bank and states you do not have the money to pay for their animals food will be asked to provide proof of financial need. You will need to provide proof of financial need in one of the two following ways:

- To automatically qualify for financial assistance, you can provide one of the following:

Currently receiving WIC – with Statement of qualifying benefit period
 Currently receiving Medicaid – with Statement of qualifying benefit period
 Current receiving Food Stamps (SNAP) – with Statement of qualifying benefit period

- If you do not have any of the above, you must supply the following in order to be considered for financial assistance.

- Valid Proof of identity – State issued photo id/driver's license, a federal, state or local government, or military ID card.
- Proof of income – Earned and unearned (gross) income for all persons residing in the home. (Gross income is what you have before taxes or anything is taken out.
 - You can show "earned income" with your paycheck stubs for the past month.
 - "Unearned" income is money you get that is not a pay check. This could be child support or unemployment compensation benefits or disability benefits that you get.
- If you are self-employed, you should show a copy of last year's income tax return.

We follow the WIC Income Eligibility Guidelines to determine if someone is eligible for assistance. See the income chart below:

WIC Income Eligibility Guidelines
(Effective from July 1, 2013 to June 30, 2014)

GROSS INCOME

48 Contiguous States, D.C., Guam and Territories					
Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
Each Add'l Member Add	+\$7,437	+620	+310	+287	+1



**Temporary Assistance Pet
Food Bank
Rules and Guidelines
*serving Lancaster County***

I, _____, understand that in receiving assistance I **MUST** complete an application and agree to the rules and guidelines for this program.

I, _____, understand that the head of the household **must** apply. By initialing this form, I am stating that I am the head of the household. I understand that there may be only one account per family.

I, _____, understand that my application will be reviewed by a Lincoln Animal Ambassadors (LAA) representative prior to qualifying for our Temporary Assistance Pet Food Bank.

I, _____, understand that the following forms of valid identification **MUST** be presented to LAA: 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 two 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 that a job is being searched for (i.e. temp agency-type employment). Additional proof of income may be asked for at the discretion of LAA.**

I, _____, understand that **ALL** pets in the household **must** be spayed/neutered. **PROOF IS REQUIRED.** Or, you **must** cooperate with LAA's spay/neuter program to get your pet spayed or neutered in order to receive assistance.

I, _____, understand that I will not be able to get any more animals than the ones I have authorized on application. If I get more animals, I understand that it shows I am more than able to care for the ones I already have. If I choose to get more pets I will **NOT** receive assistance from LAA.

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

I, _____, understand that I will not tether or chain my dog longer than one (1) hour unattended.

I, _____, understand that I will keep my cat indoors at all times, for the health and safety of my cat.

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

I, _____, understand that I will be issued a Temporary Assistance Pet Food Bank card. The card **MUST** be presented by an assigned account holder each time assistance is needed. I understand that if said card is lost or stolen, I will pay a \$10.00 replacement fee.

I, _____, understand that all requests for assistance are limited to ONE request per month **according to availability**. I understand that the amount of donations received varies, and *therefore I may not receive the same amount of food each month.*

I, _____, understand LAA will not provide all meals for my pets. I understand this is a temporary assistance program designed to assist in feeding my pet.

I, _____, understand that I will not be able to use the program if I am found abusing it.

I, _____, understand I will be terminated from the program for being rude or pushy to any staff member about assistance. Please understand that we are not a government assistance program. We are not required to assist. We are based solely off of donations. This means that we may not be able to help with all of your needs. All assistance is given on a case-by-case basis, even when you are approved for the program.

LAA reserves the right to revise, alter, or otherwise change any and/or all components of the Temporary Assistance Pet Food Bank rules and guidelines without notice to participants.

Signed: _____

Printed Name: _____

Date: _____

**Lincoln Animal Ambassadors
P.O. Box 67072
Lincoln, NE 68506
(402) 817-1168**