

RESCUES ON85TH

EIN: 87-3700000

833.367.9247 (Office)

www.rescueson85th.org

OFFICE USE
ONLY

ID No :

Date :

Managing Community

Application Form

COMMUNITY ASSISTANCE CAT/DOG FOOD ASSISTANCE

THIS MUST BE APPROVED BY THE DIRECTOR OR REPRESENTATIVE
APPLICATIONS MUST BE COMPLETE IN ITS ENTIRETY TO RECEIVE SERVICES.

*NAME :
Print Clearly

Location (Office Only) : Contact (Office Only) :

Full Address :

Phone : Zip Code :

*E-Mail : City / Country :

VERIFICATION

I, declare by signing below that I participate and/or experience one or more of the following below:

Medicaid/Medicare SNAP Social Security, Disability WIC

Unemployment In Need of Assistance To Prevent Surrender Experiencing Food Insecurity

Animal Resident Information

How many animals total are in need of assistance? []

Dogs [] Cats []

Does the individual caring for the Cat/Dog need other assistance, such as information on Spay & Nuetering?

Yes No

By signing this document, you agree to waive any and all liability associated with accepting any and all products distributed to you from RESCUES ON85TH and its affiliates and subsidiaries. That you are of low income assistance, and participate in SNAP, Medicaid, Social Security, or disability.

X Signature here

Date ___/___/___