



SNIP Fund Application

The SNIP Fund program offers a low-cost way to spay or neuter your dog or cat that is at least 4 months old and includes: routine surgery, pain medication, rabies and distemper vaccination and a microchip.

To apply you must meet the following requirements:

- be a **resident of Franklin County in North Carolina** AND
- household income is \$20,000 or less a year
- AND/OR you receive Federal or State Financial Aid. **Proof of financial need is required.**

How this program works:

1. Fill out this application and send it, **along with copies of financial information**, to the SPCA of Franklin County. Faxed or emailed applications will not be accepted. If you need help filling out the application, call 919-556-0954

MAIL TO: SPCA of Franklin County
 SNIP Fund
 105 MILL CREEK DR
 YOUNGSVILLE NC 27596

2. If you qualify, you will receive a letter on how to make an appointment and up to four spay/neuter vouchers (valid for 90 days) in 2-4 weeks.

3. The co-pay amount (cost to you) is \$20 for a cat, and \$35 for a dog.

YOUR INFORMATION – PLEASE PRINT CLEARLY AND FILL IN EVERY SECTION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address (if different from Mailing Address): _____

City: _____ State: _____ Zip: _____

Phone-Home: _____ Work/Cell: _____

E-mail: _____

FINANCIAL INFORMATION

What was your **total household income** last year from **all** household members:

- ▶ Income from the past 12 months? \$ _____ Has your income changed with the last 12 months? YES NO
- ▶ If YES please explain: _____

If you receive support from any of the following assistance programs please choose all that apply.

If you select any of choices below you must provide us with a copy of the most recent version and a Photo ID

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

I understand that the SNIP Fund is for low-income pet owners only. 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 will be responsible for the payment of a standard rate of \$200 per pet for the procedure and vaccinations given to my pet.

Signature: _____ Date: _____

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

For office use only:

Reviewer: _____ Date _____

Approved _____ Denied _____

Referred to: _____

Issue Date: _____ Voucher # _____ to _____ Expires _____

Notes: