



SNIP Fund Application

FERAL CATS

The SNIP Fund Feral Cat program offers a low-cost way to spay or neuter feral cats that are at least 4 months old and includes: routine surgery, pain medication, rabies and distemper vaccination along with a microchip. All feral cats will have their left ear tipped for easy identification. Franklin County Animal Control Officers have been informed of this marking and the microchip.

To apply you must meet the following requirements:

- be a **resident of Franklin County in North Carolina** AND
- complete a Feral Cat Orientation & Training class AND
- you must commit to be a long term Feral Cat Caregiver

The animals must reside on your property OR you must have permission from the land owner to be providing for the cats. They must be fed, watered and sheltered by you on a regular ongoing basis.

How this program works:

1. Fill out this application and send it to the SPCA of Franklin County. Faxed applications will not be accepted. If you need help filling out the application, call 919-556-0954 or email: spcafc@gmail.com

MAIL TO: SPCA of Franklin County
SNIP Fund
105 Mill Creek Dr
Youngsville NC 27596

2. Once you have completed the Orientation 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 each cat.

YOUR INFORMATION – PLEASE PRINT CLEARLY AND ANSWER EVERY QUESTION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Street Address (if different from Mailing Address): _____

City: _____ State: _____ Zip: _____

Phone-day: _____ night: _____

E-mail: _____

FINANCIAL INFORMATION

This section is not required but it does help us to gather statistical data for grant applications.

What is your income level? \$20,000 or less \$30,000-\$50,000 \$60,000-\$80,000 \$90,000 or more

How many people reside in your home? _____ How many are below age 18? _____ How many are 60+? _____

How much do you spend on cat food for the feral cats per month? \$ _____

Do you receive any of the following:

Medicaid/Medicare

EBT (food stamp)

WIC

Disability

Unemployment

Social Security Income

I understand that the SNIP Fund Feral Cat Program is for Feral Cat Caregivers only. I understand that I am obligated to continue to provide food, water and shelter to the feral cats listed above after services have been provided. 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 eligibility is found to be false, I will be responsible for the payment of a standard rate of \$200 per cat for the procedure and vaccinations given.

Signature: _____ Date: _____

Note: The information you provide will only be used 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: