The Pet food program is designed to temporarily help individuals and families in need to feed their pets. Due to high demand and limited supply of pet food available, it is necessary for us to use a pre-qualification process for you to receive assistance. Applications MUST be completed and approved prior to picking up food.

We are a private 501(c)3

nonprofit located in Liberty, SC. We opened in 1972 to provide a refuge for stray and unwanted pets and

to eliminate animal suffering and overpopulation through education. We provide many services such as:

public education, intake of stray or unwanted animals, rehabilitation to pets in need, and public

adoptions

To Qualify for the Pet Food Program, all applicants must meet the following criteria:

* Be a Pickens County resident
* Currently receive public assistance (acceptable programs listed below) & provide documentation- **HOWEVER** This does not guarantee approval
* Have documentation of your pets- your veterinary clinic can provide you with a copy of records.

You **MUST PROVIDE DOCUMENTATION OF** ONE of the following forms of assistance.

* **Printout** of Medicaid or Disability
* **Printout** of SNAP (Food Stamps) benefits or a copy of your EBT card with your **Name and Card # Visible**
* **Printout** of benefits received through Temporary Aid to Needy Families (TIME limit of 90 days)
* **Copy of an approved application for unemployment benefits** (signed or stamped by the unemployment commission) or a copy of an unemployment check stub or benefit statement (TIME LIMIT OF 90 Days)

The name and address of the person applying for assistance through PCHS pet Food must match the name and address on the form of verifying documentation as well as your driver’s license or state ID.

Please mail the completed application, copies of our driver’s license or state ID, Proof of Pets and verification of assistance to us for review.

Applications will be reviewed and approved on a first come first serve basis. Once approved, you will be notified by phone or mail of your acceptance and when you can pick-up pet food at the next distribution date. Should you have further questions, please contact:

**Pickens County Humane Society –**

**864-843-9693 or info@pchumanesociety.org**

**Your Application and Verifications can be mailed to:**

Pickens County Humane Society

C/O

500 Five Forks Rd

PO BOX 83

Liberty, Sc 29657

Phone/Fax: 864-843-9693

**Pet Food Assistance Application:** Temporary Pet Food Supplement

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Of Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (If different than physical address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: This information is confidential and is only used for our internal information so that we can better serve our clients and collectively for grant programs. We will not share this information with any person or agency outside of Pet Food or Pickens County Humane Society.

Your Pet’s Information: (Please list names of ALL dogs and/or Cats in the (household)

Dogs: Name Breed/Size Approximate Age

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Cats: Name Breed/Size Approximate Age

I am currently receiving the following assistance: (Assistance does not guarantee program approval)

SNAP- Food Stamps Medicaid Disability Unemployment (90 day limit) TANF Benefits (90 day Limit)

I have INCLUDED a copy of the following documentation **(DOCUMENTATION IS REQUIRED TO RECEIVE FOOD)**

Copy of Assistance Documentation (Disability, TANF, SNAP, Etc.)

Copy of Identification Card, Driver’s License, Etc.

Copy of Ide

Proof of ownership for each pet (i.e. Vet record, Up to date Rabies Vaccination record, Etc.)

I hereby certify that the information hereunder is correct to the best of my knowledge and by signing this application, I agree to indemnify and hold Pickens County Humane Society harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fee related to my participation in the Pet Food Program. This waiver is intended to be as broad and inclusive as permitted under the laws of the State of South Carolina. If any portion of this waiver is held to be invalid, the remaining portions will continue in full legal force and effect.

WITH THIS APPLICATION PLEASE INCLUDE A LETTER OF PERSONAL CIRCUMSTANCE SO THAT WE MAY BETTER ASSESS YOUR NEEDS AND HELP EACH APPROVED FAMILY ACCORDINGLY

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only**

Date Received:\_\_\_\_\_\_\_\_\_\_\_ Application Status: Resubmission / Initial NEW DOC. Required: Yes / No

Doc. Exp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vet Records received for all pets listed: Yes / No

Documentation received: TANF / Food Stamps / Unemployment / Disability / Medicaid / None

ID Matches Verification: Yes / No / None provided

Verification Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved / Declined

Reason Declined: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailed/Contacted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_