

GREEN COUNTY HUMANE SOCIETY

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www.greencountyhumane.org
shelter@greencountyhumane.org

_____ Approved
_____ Disapproved
_____ Date
_____ Staff Initials
_____ Voucher Mailed
_____ Voucher Picked Up
Voucher# _____

SPAY/NEUTER ASSISTANCE APPLICATION

Name _____ Phone _____
 Address _____ City _____ ST WI Zip _____
 Email _____ County You Reside In _____

Note: Assistance for the Green County Humane Society, Inc. SNAP Program is considered on an individual basis. If your family has any special financial circumstances you would like us to consider, please attach an additional page or write on the back of the application with additional detail explaining your situation. If no additional information is submitted, approval will be based on your monthly gross income and public aid only. Guidelines on reverse side.

Reason for applying: _____

Please check any of the Public Assistance Programs that you are currently receiving:

Medicaid____ SSI____ AFDC____ Disability____ WIC____ Badger Care ____
 Food Stamps____ Rental Assistance____ Heating Assistance____ Unemployment____
 Other:_____

If you have children do they qualify for the school: Reduced Lunch _____ Free Lunch _____

Are you or your spouse unemployed? Self Spouse Both Neither
 Is anyone in your household disabled? Self Spouse Both Neither

What is your **monthly** household gross income from **all** sources? \$ _____

Number of individuals, including yourself, who are living in the household and are dependent upon the income listed?
 # of adults _____ # of children _____

Each family may apply for assistance for a maximum of two (2) animals. I am applying for assistance to spay/neuter:

<i>Animals</i>	<i>Females</i>	<i>Age of Animal(s)</i>	<i>Males</i>	<i>Age of Animal(s)</i>	<i>Companion Pet</i>	<i>Farm Animal(s)</i>	<i>Stray Animal(s)</i>
# of Cats to be altered							
Name of Animal(s)							
# of Dogs to be altered							
Name of Animal(s)							

The **Veterinarian or Clinic** who will perform the Spay/Neuter will be:

Vet Name _____ Clinic _____ City _____

I certify that all of the information I have provided on this application and on any attached page is true, correct and complete to the best of my knowledge.

Signature _____ **Date** _____

How did you hear about the SNAP Voucher Assistance Program? GCHS____ Friend____ Family____ Used Before____ Newspaper____
 Website____ Brochure____ WEKZ____ Other_____

Guidelines for the SNAP (Spay/Neuter Assistance Program)

SNAP is a program funded by the United Way of Green County to provide financial assistance to Green County residents with the costs associated with spaying or neutering animals. To be eligible for SNAP assistance, an application must be completed detailing the number of animals requiring alteration, number of people in the household and monthly household income. Upon approval of the application by the Executive Director, the applicant will receive a voucher that can be submitted as payment to participating area vets.

- 1) Each family is eligible to apply for assistance for up to 2 (two) animals each year.
- 2) Income will be based on federal standards that include the free/reduced school lunch program and/or in conjunction with any public assistance programs.
- 3) Those requesting assistance must reside in Green County.
- 4) Vouchers may be redeemed using a local Veterinarian or Clinic.
- 5) Each voucher may be used for spay/neutering services only. Individuals are responsible for any other services scheduled at the time of the spay/neuter.
- 6) SNAP applications may be kept on file for up to 1 (one) year.
- 7) Vouchers must be used within 60 days from the issue date. If vouchers are not used within the designated time frame, the vouchers become void.
- 8) Please complete all requested information on the application.