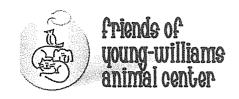


3201 Division Street • Knoxville, TN 37919 Main: 865.215.6S99 www.young-williams.org



6400 Kingston Pike • Knoxville, TN 37919 Adoption Floor: 865.215.6345 Spay/Neuter Clinic: 865.215.6677

ABOUT THE PROGRAM

Young-Williams Animal Center's Pet Food Assistance program is a special way to help pet owners in Knox County temporarily meet the needs of their pets during today's difficult times. Hundreds of families have benefited from this program, but the demand for assistance is on the rise. To continue to help meet the needs of pet owners, we have modified our application process. Below are the details about our program.

Please Note:

This program is not designed to be a pet owner's sole source of pet food but rather to supplement their efforts.

Program Details

- Pet food is only available on the second Saturday of the month. The Pet Pantry is located at 3201 Division Street from 8:00a.m. to 9:30 a.m.
- Only ONE member of a household may apply for and receive pet food.
- Pet food will be provided for no more than three (3) pets.
- Owners must show proof that their pets are spayed or neutered OR be willing to have ALL of their dogs and cats altered on the Animal Center's Spay Shuttle.
- Owners may not add ANY pets to their household while they are receiving food from the pet pantry.
- After the first receipt of pet food, participants must complete at least three (3) hours of community service to receive food again. Consider contacting local churches, food kitchens and other non-profit agencies to volunteer your time. Proof of this service should be provided on the day pet food is requested. Proof of service should be in the form of a letter on official letterhead. Information should include the date(s) of service, tasks performed and contact information for your supervisor. Community service may be waived if the applicant is physically unable to do so.
- Young-Williams Animal Center has a right to deny a pet food request at any time for any reason.

YOUNG-WILLIAMS ANIMAL CENTER

SECOND SATURDAY FOOD PANTRY APPLICATION

CLIENT INFORMATION (PLEASE PRINT LEGIBLY)

Today's Date:							
First Name: _				Last	Name:		
Address:							
City:				St	tate:	Zip:	
Phone Number	r(s):			-	<u> </u>		
Driver's Licen	se or Identif	ication	Number:		_		
Name of Perso	on Who May	Pick U	p Food for	You:			
Alternative Di	river's Licen	ise or Id	entification	Number:			
			INFORM	ATION ABO	NIT VOLE	PETS	
Name of Pe	et	Breed		Color	701 100K	Age	How long owned?
1. Dog Ca	t	Male	Female	Spayed	Neutered	5-50 pounds	51-100 pounds
2. Dog Car	t –	Male	Female	Spayed	Neutered	5-50 pounds	51-100 pounds
3. Dog Car	t –	Male	Female	Spayed	Neutered	5-50 pounds	SI-100 pounds
Dog Car		Male	Female	Spayed	Neutered	5-50 pounds	51-100 pounds
S. Dog Ca		Male	Female	Spayed	Neutered	5-50 pounds	51-100 pounds
6. Dog Ca	t –	Male	Female	Spayed	Neutered	S-50 pounds	51-100 pounds
7. Dog Car		Male	Female	Spayed	Neutered	5-50 pounds	51-100 pounds
8. Dog Car	t	Male	Female	Spayed	Neutered	5-50 pounds	51-100 pounds
Do you have i	more pets that	an are li	sted above?	Yes	ı	No	
Do you have p	proof that yo	our pets	are spayed	or neutered?	Yes	No	
Do you have a	a current vet	erinaria	n? Yes	No If yes	, name of c	linic:	
			CON	TINUED ON	NEXT PA	.GE	
YW	AC Office: .Ne	ew. Reapp	oly. Compliant	. Non-Compliant	.Confirmation	.PetPoint .Client Li	st .Reapply Date:

YOUNG-WILLIAMS ANIMAL CENTER SECOND SATURDAY FOOD PANTRY APPLICATION

REQUIREMENTS

To participate in the Second Saturday Pet Food program you must meet <u>ONE</u> of these qualifications:

- 1. Income-qualify (we may ask to see income proof)
- 2. Be a participant in a state/federal assistance program (see below)
- 3. Be experiencing a temporary financial hardship

I.	About Your Ho	usehold			
	How many adult	s are in your household? _	F	Iow many children	and/or dependents?
	What is your tota	ıl family income?			_
н.	Assistance Prog	ram (check all that apply	; proof of par	ticipation require	d)
	Food Sta	mp Letter		Medicaid/Tenr	nCare
		plemental Security Incom	e)	Unemploymen	ıt .
		cial Security Benefits)		Section 8 House	sing (HUD, KCDC)
	WIC (W	omen, Infants & Children)	None of these	
III.	During the last	six months, I have experie	enced (check a	all that apply):	
	Eviction	Home Foreclosure	Job Loss	Disability	None of these
Food Pantry will b spayed receiv throug	Pantry when I am a program is intended and neutered as some food from this with the YWAC Second in the Pantry when I am a program is set to be program in the Pantry when I am a program is set to be program in the Pantry when I am a program is set to be program in the Pantry when I am a program is set to be program in the Pantry when I am a program is set to be program in the program in the program is set to be program in the program is set to be program is set to be program in the program in the program is set to be program in the program in the program is set to be program in the program in the program in the program is set to be program in the pro	able to afford food for my a ed as a supplemental food ally. Spaying and neutering oon as I can. I agree not to program. I release the YW and Saturday Pet Food Pan	animal(s). I also source only and ing is important obreed my pets, VAC from any try program, and	so understand that to d is not the sole so to reducing pet over allow the pets to be claims, liability or and I waive my righ	
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