KIBBLE KONNECTION APPLICATION

SUBMIT THIS PAGE

To submit application: submit this page

to: EMAIL: kbockelman@hswestmi.org or

MAIL: Humane Society of West Michigan
Attn: Kelsey Bockelman
3077 Wilson NW Grand
Rapids, MI 49534

1. Food provided has been donated to the Humane Society of West Michigan. We cannot guarantee availability, type, brand or product quality. We cannot fill specific brand/type of food requests.
2. Food pick up is allowed once per calendar month regardless of the type or amount of food received.
3. Food will be provided for up to two pets per household. If you have more than two animals, it is your responsibility to determine how to use the food received from Kibble Konnection.
4. All pets in the household must be "fixed" in order to qualify for the Kibble Konnection program. Please contact HSWM for details (www.hswestmi.org) to inquire about low cost spay/neuter.
5. The amount of food supplied will be at the discretion of the HSWM. This program is to **supplement** food supply and is not intended to be your entire pet food supply.
6. Food is limited and HSWM's goal is to help keep pets with their families and out of shelters, therefore, this program is NOT for individual rescuers, community cats, animal shelters or rescue groups.
7. Only the person listed may pick up food. ID will be required each time food is picked up.
8. You must show proof of limited/low income to register for the program. Acceptable proof includes:
   - Unemployment paystub within 30 days, showing less than 200% Fed Poverty Level
   - Medicaid / Medical Assistance letter in the name of the person applying for KK (dated w/in the last 12 months)
   - Social Security Disability or Retirement Qualification or Redetermination Letter (dated w/in the last 12 months)
   - Bridge Card with annual letter of qualification (dated w/in the last 12 months)
9. While participating in the program you may not acquire any additional animals. This includes breeding, adopting or buying, rescuing or taking in stray animals. All animals must be owned for a minimum of 6 months.
10. Should you decide in the future to adopt from the HSWM you will need to resign from the program at least 6 months prior to adoption approval. (Other factors may prevent adoption.)
11. Qualifications will be re-evaluated, as HSWM deems necessary.

SIGNATURE: Important, MUST read before signing:

By signing, I am declaring that the information on this application is correct and that I have read and agree to the Kibble Konnection membership terms. I understand that HSWM Kibble Konnection program is intended as a supplemental food source only and is not the sole source of food for my pets. Membership is valid for six months. I understand I will need to reapply every six months in order to remain a member and received food distributions. I agree to have my pets spayed/neutered or provide proof that they already have been sterilized within one month of joining the program. I agree not to breed my pets or acquire more pets while I am receiving food from this program. I release HSWM from any claims, liability or damage relating to food I receive through HSWM Kibble Konnection program, and I waive my right to raise any claims against HSWM relating to HSWM Kibble Konnection program or food I receive through that program. I understand that communication may be sent electronically via email. It is my responsibility to check my email for Kibble Konnection updates, information, re-applications, etc.

_____	_____	_____	_____
Pet Owner Signature	Date	Signature of HSWM Representative	Date

Rev 11/8/2019

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*** All fields must be completed to be considered for Kibble Konnection ***

Date: _____

First Name: _____ **Last Name:** _____

Email Address: _____ **Phone**: _____

Address: _____

City: _____ **Zip:** _____

	Name of Pet	Breed	Color	Age	Length of Time Owned
1)	_____	_____	_____	_____	_____
	◯Dog ◯Cat	◯ Male ◯ Female	◯Fixed	◯Not Fixed	◯5-30 lbs ◯31-70 lbs ◯71 or ↑
2)	_____	_____	_____	_____	_____
	◯Dog ◯Cat	◯ Male ◯ Female	◯Fixed	◯Not Fixed	◯5-30 lbs ◯31-70 lbs ◯71 or ↑
3)	_____	_____	_____	_____	_____
	◯Dog ◯Cat	◯ Male ◯ Female	◯Fixed	◯Not Fixed	◯5-30 lbs ◯31-70 lbs ◯71 or ↑
4)	_____	_____	_____	_____	_____
	◯Dog ◯Cat	◯ Male ◯ Female	◯Fixed	◯Not Fixed	◯5-30 lbs ◯31-70 lbs ◯71 or ↑

Are there any additional animals living in the household not listed above? ◯Yes ◯No

(If so, use additional paper and provide ALL info for each.)

◯ SPAY / NEUTER **PROOF IS REQUIRED**

(**You MUST attached documentation as proof of surgery for every animal listed. Current Vet or clinic that performed the surgery can provide this to you. Application will not be processed without this proof.**)

Low Income:

To be eligible for the Kibble Konnection program, you must qualify as low income, be a current participant in a state/federal assistance program, or experiencing financial hardship. Please attach proof of financial assistance to your application.

◯ Low Income Verification Required: (include a copy of qualification documents (See Rule # 8 for examples)

- - - HSWM USE ONLY BELOW - - -

Bridge Card (letter date) _____	*Medicaid*	*Unempl.*	*SSI*	*Disability*	*Income Verif,*

Client # _____ ◯Compliant ◯Non-Complaint _____

◯ Notified Date _____ ◯Client List Pantry _____ Notified Date _____

Rev 7/3/18

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KEEP THIS PAGE FOR YOUR RECORDS

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Please allow two (2) weeks for processing.