



Atti's Eats Pet Food and Supplies Pantry Application

SCREENING CRITERIA

Our program requires all participants:

1. to show either a ND drivers license or ID card
2. be a resident of North Dakota or approved county
3. be using EBT or welfare (proof of card and copy of Tax Return)
4. Or provide proof of their said hardship such as a fire, divorce or eviction
5. Or provide proof of low income as per guidelines

Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$21,257	\$1,772	\$886	\$818	\$409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65,879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
Each Add'l Member Add	+\$7,437	+620	+310	+287	+144

All Atti's Eats Pet Food and Supplies Pantry clients acknowledge, and consent to the following terms of this program:

Household income \$_____

- I, _____, understand that only residents of North Dakota (or approved counties) are eligible for this program and must provide proof of residency. Food is distributed per household. If individual family members attempt to get food for the same pets at the same address, they will be revoked from the program.
- I, _____, understand all pets in my household **must be spayed/neutered** to qualify for the pet food bank program.
- I, _____, understand the amount of food supplied will be at Atti's Eats Pet Food and Supplies Pantry discretion. This program is meant to supplement my food supply and may not fulfill all the dietary needs of my pet(s).
- I, _____, understand food for the program is donated from various sources, therefore Atti's Eats Pet Food and Supplies Pantry cannot guarantee the quality, freshness or safe consumption of the food, nor can it be guaranteed that food will be available in any capacity; it is distributed on a first come, first serve basis.
- I, _____, understand food is limited and the goal is to keep pets with their families and out of shelters, therefore, **this program is NOT for individual rescuers, animal shelters or rescue groups and I will not partake in rescue efforts while receiving food assistance.**
- I, _____, agree not to add to my number of pets either by taking in more animals or allowing animals in my household to breed while participating in this program. If I do, I understand that it shows I am able to care for the ones I already have and I will be removed from the program.

ATTI'S EATS PET FOOD AND SUPPLIES PANTRY

701-220-4449 PO BOX 4125* BISMARCK* ND* 58502*

Atti's Eats Pet Food and Supplies Pantry is a program of Triple H Miniature Horse Rescue

- • I, _____, understand failure to abide by the terms of Atti's Eats Pet Food and Supplies Pantry can result in my participation being revoked.

- • I, _____, understand Atti's Eats Pet Food and Supplies Pantry reserves the right to remove or deny pet parents from this program at their discretion. I, _____, understand I will be terminated from the program for being rude or pushy to any staff member or volunteer about assistance. I, _____, understand that Atti's Eats Pet Food and Supplies Pantry is not a government assistance program, is not required to provide food and is made possible solely by donations from individuals and businesses in our community.

- • How long do you anticipate needing help with pet food? Please initial one. _____ 1-3 months
 _____ 3-6 months
 _____ 6-12 months
 _____ duration of pet's life

- I, _____, understand that Atti's Eats Pet Food and Supplies Pantry is meant to serve as a temporary resource and I will need to provide proof of financial need, Valid proof of identity – a state issued photo ID or driver's license or a federal, state or local government or military ID card

We consider each situation on a case-by-case basis.

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I (PRINT NAME) _____ understand that Atti's Eats Pet Food and Supplies Pantry, its programs and its affiliates cannot and will not guarantee the brand, type, quality, brand, freshness or safety of the food given to me. If my pet(s) develops a medical condition in whole or in part by the food provided, I agree to release Atti's Eats Pet Food and Supplies Pantry, and its affiliates from any and all liability. I also understand that it is my responsibility to pick up the food from the storage location, and I understand that this program only supplements my pet food supply and I cannot depend on this program to fulfill the dietary needs of my pet(s). I understand that the food may have expiration dates. I understand that funds for this program are limited and in the event my current financial situation improves and I am no longer in need of this program, I agree to withdraw from the program so that the people most in need can be served.

Personal Information

Name

Address

City, State, Zip, County Home Phone

Cell Phone

E-mail Address

If your pet(s) is not spayed/neutered, is there a particular reason why (cost, want to breed, etc)? Would you be willing to get your pet(s) spayed/neutered if you could afford it?

Please explain why you rely on Atti's Eats Pet Food and Supplies Pantry. Your story may be used as a testimonial on our Web site, in our newsletter or on social media as an example of why there is a need for this program, and to help us get funding and donations to keep the pet food bank running. We will only use your first name, never your last name! (Use back side of page if necessary.)

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Pet Information

(please fill out for each animal in your household) (3 pet maximum)

Name of Pet	Cat or Dog	Age	Weight	Sex	Dog Breed	Spayed or Neutered?

What food is your animal currently eating?

Does your pet have any health issues or special needs?

Emergency contact or case worker info:

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