



3100 Cherry Hill Road • Ann Arbor, MI 48105  
734-662-5585 • www.hshv.org

# Bountiful Bowls Application

HSHV understands that financial difficulty often means making a list of priorities. Frequently, animals are forced to be low on that list. HSHV's Bountiful Bowls program assists Washtenaw County and Plymouth residents who are having difficulty meeting the nutritional needs of their dog or cat due to financial burden.

Trying times can be temporary. With a little assistance, a pet owner can often find a way to keep their pet in their home. **Because funds are limited, the program should supplement your monthly supply of pet food and not be the sole source of food for pets.** You should expect to purchase food for your pets in addition to receiving the program food to meet their full nutritional needs.

### Membership Terms

- √ Applicants must provide proof of residency of Washtenaw County or Plymouth.
- √ Monthly food pick up is on Sundays from noon-3:00pm.
- √ Food for the program is donated to HSHV by the generosity of our community partners; therefore, we cannot guarantee that food is always available.
- √ Proper identification may be required when food is picked up.
- √ Food will be provided for **up to 5 animals.**
- √ Lost food buckets will be replaced at a charge of \$5 a bucket.
- √ Membership may be revoked at the discretion of HSHV.
- √ This program is intended to provide temporary, supplemental assistance for up to six months, initially. You may re-apply in six months if your circumstances have not changed.
- √ All animals in the household must be spayed or neutered. **Proof of spay/neuter is required.**
- √ **The recipient cannot acquire more animals while participating in this program and will not be allowed to adopt from HSHV.**

**Customer Information (front and back must be filled out completely):**

Date: \_\_\_\_\_

First: \_\_\_\_\_ Last: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): (MUST be current) \_\_\_\_\_ / \_\_\_\_\_

Email (Required): \_\_\_\_\_ Driver's License or Identification Number: \_\_\_\_\_

Please list other people living in your home (include full name and relationship):

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

Are other people allowed to pick up your food for you? If yes, who? \_\_\_\_\_

\_\_\_\_\_

**\*All sections must be filled out for each pet. Proof of spay/neuter is required. Records can be attached or emailed to [bountifulbowls@hshv.org](mailto:bountifulbowls@hshv.org).**

<u>Name of Pet</u>	<u>Pet Type</u>	<u>Breed</u>	<u>Sex</u>	<u>Approx. Age</u>	<u>Approx. Weight</u>	<u>Fixed</u>	<u>Indoor</u>
	Dog Cat		M F			Y/N	Y/N
	Dog Cat		M F			Y/N	Y/N
	Dog Cat		M F			Y/N	Y/N
	Dog Cat		M F			Y/N	Y/N
	Dog Cat		M F			Y/N	Y/N

**# of additional dogs in the household:** \_\_\_\_\_ **# of additional cats in the household:** \_\_\_\_\_

*\*Food will not be provided for more than 5 animals per household.*

**Kitty Litter:**

Bountiful Bowls occasionally receives donations of kitty litter. Standard litter distribution will be every other month, if available. Would you like to receive kitty litter when available? **Circle one:**

**Yes                      No**

**\*\*Veterinarian name and phone #:** \_\_\_\_\_

**Income Information:**

To be eligible for the Bountiful Bowl program, you must qualify as low income, be a current participant in a state/federal assistance program, or experiencing financial hardship due to the current economic situation. Please complete **one of the two** items below. **Proof is required. Proof can be attached to this application or emailed to [bountifulbowls@hshv.org](mailto:bountifulbowls@hshv.org).**

**1. Assistance Program**

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> SNAP/EBT benefit letter</li> <li><input type="checkbox"/> Medicaid or Medicare enrollment</li> <li><input type="checkbox"/> SSI/SSDI benefits documentation</li> <li><input type="checkbox"/> WIC benefits card or letter</li> <li><input type="checkbox"/> TANF benefit letter</li> <li><input type="checkbox"/> Section 8 Voucher</li> <li><input type="checkbox"/> Public housing residency letter</li> <li><input type="checkbox"/> Housing Choice Voucher</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Rent subsidy or emergency housing support letter</li> <li><input type="checkbox"/> Recent tax return showing income below federal poverty guidelines</li> <li><input type="checkbox"/> Unemployment benefits statement</li> <li><input type="checkbox"/> Letter from a case worker, social worker, or social services agency</li> <li><input type="checkbox"/> Other</li> </ul> |
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**2. Within the last six months, I have experienced:**     Eviction                       Home Foreclosure                       Job Loss

## Bountiful Bowls Program Client Agreement:

- I acknowledge that this program is intended only for residents and colonies within Washtenaw County or Plymouth and I must show proof of residency.
- I acknowledge that food will be provided for up to 5 animals per person, per household.
- I agree to not acquire any additional animals while receiving services from this program.
- I acknowledge that food will not be provided to additional animals should I acquire more while in this program.
- I acknowledge that all animals in the household must be spayed or neutered.
- I agree to provide proof of spay/neuter for each of the animals in my household. If not all of my animals are fixed, I will get them sterilized within one month of receiving services.
- I agree not to breed my pets when receiving services from this program.
- I acknowledge that this program is intended to provide emergency supplemental support for up to 6 months. I am expected to purchase additional food for my pets.
- I acknowledge that food support is not intended to be indefinite, and I must reapply every 3 months for re-evaluation after the initial 6-month period.
- I agree to withdraw from the program when I am able to afford food for my animal(s).
- I acknowledge that membership may be revoked at the discretion of HSHV.

### Signature

By signing, I am declaring that the information above is correct.

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Signature Pet Owner/Date

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Signature HSHV Representative/Date