

(Focus on Ferals Use Only)

Date Received _____

Approved _____

Disapproved _____

Reviewed By: _____

Focus on Ferals

Spay/Neuter Assistance Program Application

All Information associated with this application will be held in the strictest confidence.

Name: _____ Phone _____

Address _____

_____ Zip Code _____

Email Address: _____

Age Group Under 20 ____ 21-61 ____ 62-65 ____ Over 65 ____

Type of Assistance: (SS, SSI, SSDI, Public Assistance, HEAP, Medicaid, Food Stamps, Etc.)

If no Assistance, List Source and Amount of Income: _____

Ages of Dependents living in home: _____

Special circumstances limiting funds at this time (medical bills, unemployment, etc.)

Companion or Stray Animal Information: Cat – Female ____ Cat – Male ____

(2 cats per Household Limit) Age, (if known) _____

Color _____ Name of Cat _____

Is Female cat for which surgery is intended either pregnant or nursing now ____yes ____no

Number of animals in household _____

Number of animals spayed /neutered _____

Name of your current veterinarian _____

Signature _____ Date: _____

Income Schedule:

HHS POVERTY GUIDELINES FOR 2019	
The 2019 poverty guidelines are in effect as of January 11, 2019. The Federal Register notice for the 2019 Poverty Guidelines was published February 1, 2019.	
2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430