



## Kibble Konnection Pet Food Bank Program

If you need help providing food for your pet, Kibble Konnection can help! Kibble Konnection is a program of the Humane Society of Kent County (HSKC) that seeks to help low income pet owners provide food for their pets.

Because funds are limited, the program should supplement your monthly pet food supply, not be the sole source of food for pets. Applicants must provide proof of residency.

### Membership Terms:

Food for the program is donated to HSKC by the generosity of our community partners; therefore, we can not guarantee that food is always available.

- Proper identification will be required each time food is picked up.
- The recipient **cannot acquire more animals** either by taking in more animals or allowing current animals in home to breed while enrolled in the Kibble Konnection program.
- **Food will be provided for up to three animals.** If you have more than three animals, you can choose which three to receive for on a monthly basis.
- Monthly food pick-up is from 1 – 3 pm on the fourth Sunday of every month at the Humane Society of Kent County as long as there is food available. You will be notified of any changes.
- If you are unable to attend a distribution please list an approved alternate person to pick up for you. That person will be required to present their State ID/Driver's License at the time of check in.

### Distribution dates for the next six months:

February 28, 2010

April 25, 2010

June 27, 2010

March 28, 2010

May 23, 2010

**Please note:** Lost food buckets will be replaced only once during a 6-month period.

Membership may be revoked at the discretion of the HSKC.

If you are interested in participating in the program please fill out the **entire** application below.

Applications are due: **February 22, 2010**

Applications can be mailed to:

Humane Society of Kent County

Attn: Tabitha Yuhas

3077 Wilson NW

Grand Rapids, MI 49534

Or faxed to (616) 453-5752 Attn: Tabitha Yuhas



HSKC Office:  New  Reapply  Compliant  Non-Compliant  Confirmation  PetPoint  Client List  Reapply Date: \_\_\_\_\_

# Kibble Konnection Application

**Client Information (must be filled out completely):**

Date of Registration: \_\_\_\_\_

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

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

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

Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_

Driver's License or Identification Number: \_\_\_\_\_

Approved Alternative pick - up: \_\_\_\_\_

Alternative Driver's License or Identification Number: \_\_\_\_\_

Name of Pet	Breed	Color	Age	How long owned?
1. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
2. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
3. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
4. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
5. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
6. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
7. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds
8. _____ <input type="checkbox"/> Dog <input type="checkbox"/> Cat	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	_____ <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	_____ <input type="checkbox"/> 5-50 pounds	_____ <input type="checkbox"/> 51-100 pounds

Are there any additional animals living in the household, not listed?  Yes  No  
**(Please provide proof if your pet is spayed or neutered)**

**Veterinarian Information:**

Do you have a current vet?  Yes  No If yes, please list clinic: \_\_\_\_\_

**\* Continued on next page – PLEASE FILL OUT ALL INFORMATION**



**Income Information:**

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 due to the current economic situation. Please complete **ALL three** items below.

**1. Family Income Level**

How many adults per household? \_\_\_\_\_ Children and/or dependents: \_\_\_\_\_  
Income: \$ \_\_\_\_\_  monthly  yearly

*\* Proof of annual income may be requested.*

**2. Assistance Program (proof of participation required)**

- TANF (Temporary Assistance for Needy Families)
- SSI (Supplemental Security Income)
- SSA (Social Security Benefits)
- WIC (Women, Infants & Children)
- Disability
- Medicaid
- Unemployment
- Food Assistance Program
- N/A

**3. Within the last six months, I have experienced (check all that apply):**

- Eviction       Home Foreclosure       Job Loss       N/A

**I will pick up my food on distribution day at:**

**Humane Society of Kent County  
3077 Wilson Dr NW  
Grand Rapids, MI 49534**

**Signature:**

By signing, I am declaring that the information above is correct. I agree to return food bucket(s) and withdraw from the program when I am able to afford food for my animal(s).

I also understand that the HSKC Kibble Konnection program is intended as a supplemental food source only and is not the sole source of food for my pets and eligibility will be reviewed bi-annually. Spaying and neutering is important to reducing pet overpopulation. I agree to have my pets spayed and neutered as soon as I can. I agree **not** to breed my pets or acquire more pets while I am receiving food from this program.

I release the HSKC from any claims, liability or damage relating to food I receive through the HSKC Kibble Konnection program, and I waive my right to raise any claims against the HSKC relating to the HSKC Kibble Konnection program or food I receive through that program.

Signature Pet Owner/Date

Signature of HSKC Representative/Date



**HUMANE SOCIETY  
OF KENT COUNTY**

**PET CARE ASSISTANCE**

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