



## Bountiful Bowls Program

The Humane Society of Jackson County understands that financial difficulty often means making hard decisions and the family pet may become a lower priority. HSJC's Bountiful Bowls Program assists Jackson County residents who are going through a time of financial hardship with feeding their family pets.

### Program Guidelines

The program is designed to supplement your monthly pet food supply; it is not intended to be the sole source of pet food. Food received is provided through generous donations from area residents and local businesses. Donations vary each month so the type and amount of food will vary depending on donations. There is no guarantee that food will be available each month.

- ❖ Applicants must provide proof they are a Jackson County resident
- ❖ Applicants must be 18 years old and no longer dependent on family for financial support.
- ❖ Must submit a completed application
- ❖ Valid Id must be shown by the person picking up food each month
- ❖ Program is intended for people qualifying as low income and/or currently receiving state/federal assistance (Unemployment, Food Assistance, TANF, SSI, SSA etc.)
- ❖ Program is for family pets only. Strays and/or feral communities of animals do not qualify.
- ❖ Food will be provided for up to 3 animals named on the application
- ❖ Program is for temporary relief therefore assistance is available for a maximum of 6 months
- ❖ All animals receiving food assistance must be spay/neutered and current on rabies vaccination. Food is provided for the first month if the animals are not spay/neutered and current on rabies vaccine. No additional food will be provide after the first month until the animal is current on rabies and spay/neutered. We offer spay/neuter assistance to families in need. An application will be provided if needed.
- ❖ Applicant must be willing to allow HSJC representatives come visit with your pets at home should we feel it necessary.
- ❖ This program is designed to help people who are struggling to feed their current pets therefore any additional and/or replaced pets will not be eligible for food.
- ❖ Food provided through Bountiful Bowls may not be resold or given away.
- ❖ HSJC reserves the right to terminate program services and/or deny food to anyone at any time without cause.

For more information or to apply for assistance, please call 706-367-1111 or email [hsjc1111@gmail.com](mailto:hsjc1111@gmail.com) and a volunteer will contact you within 48 hours.



# Bountiful Bowls Application

PRIMARY NAME \_\_\_\_\_

SECONDARY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ARE YOU OVER AGE 18? Y N DO YOU QUALIFY AS A SENIOR CITIZEN ( 65+ ) Y N

DRIVERS LICENSE # \_\_\_\_\_ OTHER ID TYPE \_\_\_\_\_

### RESIDENCE

HOUSE APARTMENT CONDO MOBILE HOME OWN or RENT

### HOUSEHOLD

List ALL people living in your home; including age and relationship: \_\_\_\_\_

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

Combine Family Income Level: < \$15,000 \$15,001 - \$18,000 \$18,001 - \$21,000

\$21,001 - \$24,000 \$24,001 - \$27,000 \$27,001 - \$30,000 >\$30,001

Assistance Program: MEDICAID UNEMPLOYMENT FOOD ASSISTANCE PROGRAM NONE

TANF SSI SSA WIC OTHER \_\_\_\_\_

In the past 6 months have you experienced: EVICTION FORECLOSURE

JOB LOSS MAJOR MEDICAL EVENT OTHER \_\_\_\_\_

**FAMILY PETS**

NAME OF PET	TYPE	BREED	SEX	AGE	WEIGHT	SPAY NEUTER	HOUSED
	Dog Cat		Male Female		< 10lb 10lb – 29lb 30lb – 49lb 50lb – 89lb >90lb	Yes No	House Yard Chained Kennel
	Dog Cat		Male Female		< 10lb 10lb – 29lb 30lb – 49lb 50lb – 89lb >90lb	Yes No	House Yard Chained Kennel
	Dog Cat		Male Female		< 10lb 10lb – 29lb 30lb – 49lb 50lb – 89lb >90lb	Yes No	House Yard Chained Kennel

Number of other animals in the household: \_\_\_\_\_ Dogs      \_\_\_\_\_ Cats      \_\_\_\_\_ Other

Describe Other Animals: \_\_\_\_\_

Veterinarian Name and Phone# \_\_\_\_\_

How did you hear about HSJC or Bountiful Bowls?      JACKSON HERALD      FACEBOOK  
 TWITTER      LOCAL FOOD PANTRY      WWW.HSJC.COM      OTHER \_\_\_\_\_

By signing below, I agree that all information on this application is true and correct to the best of my knowledge. I further agree to provide proof of income, program assistance, pet spay/neuter records and current rabies certificate. I understand the Bountiful Bowls program is intended as a supplemental food source for the animals listed on this application. The Bountiful Bowls program may be terminated at any time without warning.

\_\_\_\_\_ I have read and understand the program guidelines.

\_\_\_\_\_ I have received a copy of the program guidelines

\_\_\_\_\_  
SIGNATURE DATE

Reviewed By	Date	Document Type	Description
		Proof of Income	
		TANF	Temporary Assistance for Needy Families
		SSI	Supplemental Security Income
		SSA	Social Security Benefits
		WIC	Women, Infants& Children
		Medicaid	
		Unemployment	
		Food Assistance Program	

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

HSJC Approval Signature: \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Dog/Cat/#lbs/#cans \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Dog/Cat/#lbs/#cans \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Dog/Cat/#lbs/#cans \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Dog/Cat/#lbs/#cans \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Dog/Cat/#lbs/#cans \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Dog/Cat/#lbs/#cans \_\_\_\_\_

Pickup Date: \_\_\_\_\_ Dog/Cat/#lbs/#cans \_\_\_\_\_