



Frederick County Humane Society, Inc.
P.O. Box 3158, Frederick, MD 21705-3158
301-694-8300
Fax 301-694-8305

Alter Frederick

This program is to assist Frederick County residents on a limited income. All surgeries will be performed at Prospect Veterinary Clinic. A \$30 co-pay is paid to FCHS.

YOUR INFORMATION:

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

of adults/children in your household: Adult(s) _____ Child(ren) _____ (proof of income must show number in household)

Maximum income for program participation is based on the 2016 United Way ALICE Income guidelines, with consideration of income needed to care for a pet:

- \$35,316 for household of one;
- \$45,996 for household of two adults;
- \$51,852 for household of one adult and 1 school aged child;
- \$57,840 for household of one adult, one infant;
- \$73,800 for household of two adults and 2 school aged children
- \$84,035 for household of two adults, 1 infant, 1 school-aged child
- Add 15% for each additional infant, Add 8% for each additional school-aged child

Which of the following Proof of Income will you be including with your application? (Circle one)

- | | |
|---|--|
| <input type="checkbox"/> Most current income tax form | <input type="checkbox"/> Current W-2 forms for your family |
| <input type="checkbox"/> Section 8 eligible | <input type="checkbox"/> Food stamps eligible |
| <input type="checkbox"/> VA or Social Security Disability | <input type="checkbox"/> WIC eligible |
| <input type="checkbox"/> MD Energy Assistance | <input type="checkbox"/> County Social Services Benefits |
| Other: _____ | Pay stubs not accepted |

PET INFORMATION:

Pet's Name: _____ Dog Cat Male or Female

Age: _____ Breed: _____

Has your pet had all of its recommended shots? Yes or No

Signed: _____ Date: _____