



Pet Food Bank Service Request

Please print neatly and return to Pet Food Bank Coordinator.

Distribution Center: _____

Your Name: Mr./Mrs./Ms./Miss _____

Address: _____

City/Zip: _____ Phone: _____

Emergency Contact: _____

Birth date(s) (month/date/year): _____

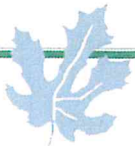
Income () Household of one: \$1,541/mo.; \$18,500/yr. or less
 () Household of two: \$1,762/mo.; \$21,150/yr. or less

My pet(s) has/have been spayed or neutered. () Yes () No

Note: Dry pet food will be provided each month for *up to three spayed/neutered cats or dogs per household*. Canned food will be provided when available and if requested. Special dietary needs will be met if food is available.

Pet (circle one)	Age	Weight	Please indicate if you would like canned food when it's available.
Cat Dog	_____	_____	_____
Cat Dog	_____	_____	_____
Cat Dog	_____	_____	_____

Comments: _____



AGREEMENT BETWEEN GMVCC and PET FOOD RECIPIENT

1. I agree to keep the Community Center informed of any addition or losses to my number and type of pets.
2. I agree to pick up my pet food within 1 week of being notified by the Community Center. If I do not, I realize that the food that was intended for me will be given to someone else.
3. Failure to pick up food for 2 consecutive months will disqualify me from this program.
4. I agree to update the Community Center of any changes to my phone number and/or address.
5. I agree to make prior arrangements with the Community Center for anyone other than me to pick up my food (written or phone call).
6. I recognize that the service is only offered to a maximum of 3 pets per household and that these pets must be spayed or neutered.
7. Deadline for applications to request pet food for the next month must be completed by the 10th of that month. Any applications received after the 10th day of the month will not receive pet food in the following month, but 2 months out if approved.

This agreement is between the Greater Maple Valley Community Center and me.

Print Name _____ Date _____

Signature _____



REGISTRATION FORM

(Our funders require us to ask the following questions. All information is kept confidential.)

Last Name _____ MI _____ First Name _____

Mailing Address _____ City _____ Zip _____
(Apt./ #)

Street Address _____ City _____ Zip _____
(Please No PO Boxes) (Apt./ #)

Residence: Inside City Limits (any King County City) Outside City Limits (unincorporated)

Outside King County Unknown

Phone # _____ Cell # _____ Email _____

DoB ____/____/____ Age ____ Gender: Male Female Transgender Other

Marital Status: Single Married Divorced Significant Other

Race: (choose all that apply)

American Indian or Alaskan Native Asian, Asian-American White or Caucasian Other Race

Black, African-American, Other African Native Hawaiian or Pacific Islander Multi-Racial

Ethnicity: Hispanic, Latino: Yes No Refugee or Immigrant Yes No

Limited English Proficiency: Yes No If yes, indicate primary language spoken: _____

Are you a person with a Disability: Yes No Number of Person's in your Household: _____
(You count as one person)

Staff Use Only	Find the column for the number of people in the household.			
	Then find the income range for the last year's annual gross income and CIRCLE the income range.			
	1 Person	2 Persons	3 Persons	4 Persons
	\$0 to \$18,550	\$0 to \$21,200	\$0 to \$23,850	\$0 to \$26,450
	\$18,551 to \$30,900	\$21,201 to \$35,300	\$23,851 to \$39,700	\$26,451 to \$44,100
	\$30,901 to \$45,750	\$35,301 to \$51,150	\$39,701 to \$57,550	\$44,101 to \$63,900
\$45,751 or more	\$51,151 or more	\$57,551 or more	\$63,901 or more	


EMPLOYMENT:

F/T Permanent P/T Permanent Seasonal Not Employed (seeking) Not Employed (not seeking)

LIVING SITUATION:

Homeless: Yes No If yes, Long-term Homeless: Yes (HUD definition) No OR

Chronic Homelessness: Yes (HUD definition + disabled) No

OVER 

HOUSEHOLD COMPOSITION:

Single Person Household: Female Adult Male Adult Single Minor

Households with Minors under 18: Single Parent Female Head of Household
Single Parent Male Head of Household Two Parent Household Other Related Adults

Shared Adult Households with No Minors: Partnered/Married Other Related Adults

EDUCATION LEVEL:

Less than High School Grad High School Diploma or GED Some College – no degree or cert
Certificate Associate Degree Bachelors Degree or above

VETERAN/MILITARY STATUS:

U.S. Military (past or present) Yes No
Spouse or partner of military person Yes No Military minor dependents

DISCHARGE STATUS:

Honorable General Medical Bad Conduct Dishonorable
Not discharged – No active duty or still active

Other People in Household	Relationship to Participant	Phone Number	Cell Number
Emergency Contact	Relationship to Participant	Phone Number	Cell Number

If you would like to participate in the Aging & Disability Nutrition Program (eligibility 60+ years old and live in King County), please complete a Client Nutritional Status form. Participation in this program allows you to make a suggested \$3 donation for your meal, rather than paying a required \$6 fee.

Authorization

I grant GMVCC permission to use photos that may be taken of me during activities for use in various publications, including GMVCC newsletter, web site, press releases and other articles.

Participant Signature

Date

Internal Use Only: INTAKE DATE ____/____/____ Client ID # _____
ADS Eligible: 60+ <input type="checkbox"/> Spouse <input type="checkbox"/> Volunteer <input type="checkbox"/> Disabled <input type="checkbox"/> Caregiver <input type="checkbox"/> Entered into Database <input type="checkbox"/>