



EASTERN AREA AGENCY ON AGING

Eastern Area Agency on Aging

Furry Friends Food Bank Application

Must be 60 years of age or older

*Please note: There is a \$1 co-pay on all Furry Friends pick-ups.*

Pet Owner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Is Your Pet a: Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_

Has your pet been spayed or neutered: \_\_\_\_\_ Name of pet: \_\_\_\_\_

Does your pet go to the vet? \_\_\_ Yes \_\_\_ No

How many persons live at your address and make up your family unit? \_\_\_\_\_

<b>Gross Income for all Members of the Family Unit</b>					
<b>What is your Combined Monthly Income?</b>	<b>Circle Family Unit Size</b>	<b>Weekly</b>	<b>Bi-Weekly</b>	<b>Monthly</b>	<b>Annual</b>
\$	1	\$319	\$692	<b>\$1,383</b>	\$16,588
\$	2	\$431	\$934	<b>\$1,868</b>	\$22,412
\$	3	\$543	\$1,177	<b>\$2,353</b>	\$28,236
\$	4	\$655	\$1,420	<b>\$2,839</b>	\$34,060
\$	5	\$767	\$1,662	<b>\$3,324</b>	\$39,884
\$	6	\$879	\$1,905	<b>\$3,809</b>	\$45,708

I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. By reading, signing and dating this form, I acknowledge that I have received my rights and responsibilities, and that I agree to pay the \$1 co-pay. I attest that the information provided is accurate and complete. I understand that FFFB will provide supplemental food for **only one pet**. I understand that I have the right to appeal through the fair hearing process, any decision made by the local agency regarding denial, disqualification, or termination from the program. I understand that if I do not pick up my pet food for 2 months in a row without telling staff I may be removed from the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with proof of income to:**

Eastern Area Agency on Aging -- 240 State St. Brewer, ME 04412