**Horizons AniMeals**

Atten: AniMeals PO Boc 667 Cedar Rapids, IA 52406

319-365-6201

An Application for Enrollment must be completed and returned with any necessary documentation to Horizons AniMeals, animealshorizons@horizonsfamily.org or Attn: Horizons AniMeals PO Box 667 Cedar Rapids, IA 52406.

Horizons AniMeals carefully reviews the application and any supporting documentation to verify the need for assistance. Each application has a processing time of up to 30 days and all applicants will be notified if they have or have not been accepted into the program.

**\*\*Any Application received that has not been completely filled out and does not have a caseworker referral or proof of Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) or Social Security (SS) attached will be returned as incomplete**

**Application for Enrollment**

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Applicant Contact Information Applicant**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_ Main Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Second Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you live in a secure building? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

**B. Eligibility**

 **\*\*In order to be eligible for Cedar Rapids AniMeals you must have a caseworker at a Social Service Agency OR receive federal benefits.**

Do you have a caseworker at a Social Service Agency? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, please have your caseworker complete the Referral from a Social Services Agency information listed below.

**Referral from a Social Service Agency**

Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caseworker Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Caseworker Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have a caseworker at a Social Service Agency, which of the following federal benefit(s) do you receive? Please check the appropriate box(es).

☐ SSI-Supplemental Security Income – You MUST attach current year’s Social Security Proof of Income (Benefits) Letter to receive services

☐ SSDI-Social Security Disability Insurance - You MUST attach current year’s Social Security Proof of Income (Benefits) Letter to receive services

☐ SS-Social Security – You MUST attach current year’s Social Security Proof of Income (Benefits)

Letter to receive services

**C. AniMeals: Companion Pet Information**

Total number of pets in your household\_\_\_\_\_

**\*\* AniMeals will provide services for up to two companion pets (cats or dogs only)**

**in a single household. Please indicate companion pet(s) to receive services.**

**Companion Pet #1**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: Dog\_\_\_\_\_\_\_ Cat\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed or Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Female\_\_\_\_\_\_\_ Male\_\_\_\_\_\_\_ Spayed/Neutered: Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If a female and not spayed, is she currently pregnant? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Does your pet need specialty food? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

**Companion Pet #2**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: Dog\_\_\_\_\_\_\_ Cat\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed or Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Female\_\_\_\_\_\_\_ Male\_\_\_\_\_\_\_ Spayed/Neutered: Yes \_\_\_\_\_\_\_No\_\_\_\_\_\_\_

If a female and not spayed, is she currently pregnant? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Does your pet need specialty food? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

**E. Privacy Statement and Liability Waiver**

I consent to the use of the attached evidence of eligibility to be used by Horizons AniMeals to verify my eligibility for enrollment Horizons AniMeals programs. I understand that this information is confidential and will be used by Cedar Rapids AniMeals only for the purposes of establishing my eligibility for the programs.

I agree to hold Horizons AniMeals, its directors, officers, employees, volunteers, and any party or employee of the aforementioned parties, harmless from any claim or loss which may be alleged to have been caused directly or indirectly to any person, animal, or things while a client of Horizons AniMeals.

I hereby certify that the information I have entered on this application is accurate and true. I hereby certify that I have read, understand, and agree to the terms and conditions stated in the Horizons AniMeals Application for Enrollment.

Applicants Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_