



### Prequalify for Emergency Aid

(All the ways to qualify are listed on page 2)

This application is to prequalify your pet(s) for emergency assistance through the Humane Society of Nacogdoches County, should your pet need it in the future. Applicant will need to reapply annually on the date of approval to continue coverage.

**Applications must be approved prior to veterinary visit and will not be approved retroactively or same-day.**

The HSNC will cover an exam and diagnostic charges up to \$200 per incident. Any costs above the voucher amount or \$200 are the responsibility of the pet owner. The HSNC will cover 2 incidents per year, per household.

**\*All vouchers are issued at the discretion of the Humane Society of Nacogdoches County\***

**Applicant**

Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ City: \_\_\_\_\_  
 Other Phone: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Please list all other household members**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**List your non-shelter pets below.**

Non-Shelter Pets:											Office Use Only	
Dog	Cat	Name: _____	Breed: _____	Color: _____	Age: _____	Weight: _____	M	F	ID#: _____			
Dog	Cat	Name: _____	Breed: _____	Color: _____	Age: _____	Weight: _____	M	F	ID#: _____			
Dog	Cat	Name: _____	Breed: _____	Color: _____	Age: _____	Weight: _____	M	F	ID#: _____			
Dog	Cat	Name: _____	Breed: _____	Color: _____	Age: _____	Weight: _____	M	F	ID#: _____			

**List your shelter pets below.**

**Shelter Pets:**

**(The Shelter ID# is listed by the animal's name on the shelter paperwork you received at the adoption. You will need to add this below)** ↓

Dog Cat Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ M F Shelter ID#: \_\_\_\_\_  
 Dog Cat Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ M F Shelter ID#: \_\_\_\_\_  
 Dog Cat Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ M F Shelter ID#: \_\_\_\_\_  
 Dog Cat Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ M F Shelter ID#: \_\_\_\_\_

**The following methods are ways to qualify for HSNC Emergency Assistance.**

The HSNC will need the following in order to process your application:

- a copy of your qualifier
- a current copy of your driver's license/ID
- the completed application page

**Method One: Proof of Household Income**

Last year's Federal Income Tax returns for all household members 18 years and older are required to prove household income.

Please list all household members on the first page.

Persons in Household	Gross Annual Household Income
1	28,338
2	\$38,325
3	\$48,413
4	\$58,500
5	\$68,588
6	\$78,675
7	\$88,763
8	\$99,850
Over 8	add \$10,088 per person

**Method Two: Proof of Governmental Assistance**

Present for photo copy, your State/Federal Government ID which entitles you to any of the following aid programs or benefits.

1. TANF – Temporary Assistance for Needy Families (Tx Works, Choices-Tx Workforce Commission)
2. Medicaid
3. FPHA - Federal Public Housing Assistance (Section 8/HUD)
4. Unemployment
5. VA Disability – Veteran's Administration
6. SNAP/Lonestar Card – Supplemental Nutrition Assistance Program
7. WIC – Special Supplemental Nutrition Program for Women, Infants and Children
8. SCHIP – TexCare Children's Health Insurance Program
9. SFA Student ID (Must have actual, current ID)
10. CEAP – Comprehensive Energy Assistance Program
11. CIL – Centers for Independent Living
12. Head Start
13. LIHEAP – Low-Income Home Energy Assistance Program
14. NSLP, SBP, SMP – National School Lunch Program, School Breakfast Program, Special Milk Program
15. SSDI – Social Security Disability Insurance
16. SSI – Supplemental Security Income
17. WAP – Weatherization Assistance Program