



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 \$2 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? _____

Gross Income for all Members of the Family Unit					
What is your Combined Monthly Income?	Circle Family Unit Size	Weekly	Bi-Weekly	Monthly	Annual
\$	1	\$460.38	\$920.76	\$1,995.00	\$23,940
\$	2	\$624.23	\$1,248.46	\$2,705.00	\$32,460
\$	3	788.07	\$1,576.14	\$3,415.00	\$40,980
\$	4	\$951.92	\$1,903.84	4,125.00	\$49,500
\$	5	\$1,110.57	\$2,221.14	\$4,835.00	\$58,020
\$	6	1,269.22	\$2,537.44	\$5,545.00	\$66,540

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