



Public Health
Prevent. Promote. Protect.

**Victoria County Public Health Department
Animal Control**

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**Eligibility Criteria Form for Spay/Neuter Services
for Low Income Residents of Victoria County**

Name	Telephone Number	Date of Birth	Age (Must be 21)
Mailing Address (Street or P.O. Box)	City	State	ZIP
Home Address, if different from above.			

Check below if you, or anyone in your household, receive any of the following governmental benefits (written proof required):

- | | |
|---|--|
| <input type="checkbox"/> Temporary Assistance for Needy Families | <input type="checkbox"/> Women's Health Program |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Children's Health Insurance Program |
| <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Women, Infants and Children |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Primary Health Care |
| <input type="checkbox"/> Children with Special Health Care Needs | <input type="checkbox"/> Maternal & Child Health Care |
| <input type="checkbox"/> Victoria County Indigent Health Care Program | <input type="checkbox"/> None |

If the answer to the above question is, "None", then fill in the first line below with information about yourself, then fill in the remaining lines with information about each person who lives at your residence who is related to you, and who is a legal dependent of you. More room is available on a supplemental sheet, if needed.

Name (First, Middle Initial, Last)	Sex (M/F)	Date of Birth	What Relation to you?
1.			Myself
2.			
3.			
4.			
5.			
6.			
7.			

If the answer to the benefits question above was, "None", then list all of your household income below and provide a recent bank statement as written proof. More room is available on a supplemental sheet, if needed.

First name of person receiving money	Name of agency, person, or employer who provides the money	Amount / How often received (daily, weekly, biweekly, monthly)	Equivalent monthly amount (Animal Control staff will calculate)
		/	
		/	
		/	
TOTAL (Equivalent Monthly Amount)			

The statements I have made, including my answers to all questions, are true and correct to the best of my knowledge and belief. I agree to give Animal Control Division staff any information necessary to prove statements about my eligibility. I understand that giving false information could result in disqualification and repayment.

Signature - Applicant	Date

Household Information Chart (Continued)

Fill in the remaining lines with information about each person who lives at your residence, who is related to you, and who is a legal dependent of you.

Name (First, Middle Initial, Last)	Sex (M/F)	Date of Birth	What Relation to you?
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Income Chart (Continued)

List all of your household income below and provide a recent bank statement as written proof.

First name of person receiving money	Name of agency, person, or employer who provides the money	Amount / How often received (daily, weekly, biweekly, monthly)	Equivalent monthly amount (Animal Control staff will calculate)
		/	
		/	
		/	
		/	
		/	
		/	
		/	
		/	
TOTAL (Equivalent Monthly Amount)			

100% Poverty Level Chart

# of House - hold People	1	2	3	4	5	6	7	8	9	10	11
Monthly (\$) Income Limit	980.83	1327.50	1674.17	2022.83	2367.50	2714.17	3060.83	3407.50	3754.17	4100.83	4447.5

Applicant's Eligibility Determination

- Receiving Governmental Benefits
List verified benefit here: _____
- Not Receiving Governmental Benefits
Monthly Income: _____ # in household: _____ 100% Income Level (according to #): _____
- Qualified for Spay/Neuter Services (Receives government benefits, or Monthly Income \leq 100% level)
- Not qualified for Spay/Neuter Services (No government benefits, and Monthly Income $>$ 100% level)

Signature of Animal Control Staff Verifying Eligibility _____

Date of Verification _____