



## ***Application Packet***

*Complete all but the highlighted parts. Please be sure to sign and date each page. Feel free to contact us at any of the following if you have questions.*

*(706)313-3924 call or text || [adreamcharity@gmail.com](mailto:adreamcharity@gmail.com)*

*ADREAM Headquarters: 1814 Utility Rd., Rocky Face, GA 30740*

*[www.adreamcharity.org](http://www.adreamcharity.org)*

*\*\* [facebook.com/ADREAMcharity](https://www.facebook.com/ADREAMcharity) - You will find our monthly distribution schedule posted here under "events". Each event will have a "get tickets" link so you can complete your monthly registration for the site you plan to attend.*

*\*\*Be sure to request to join our private Facebook Group, ADREAM Clients, for special client updates and information on volunteer tasks and opportunities.*

# *Animal Disaster Relief, Emergency Assistance and More, Inc.*

## *Pet Information Chart*

**CCN:** \_\_\_\_\_

**Allotment:** \_\_\_\_\_ **#D** \_\_\_\_\_ **#C**  **Includes Bonus Cat**

	Name	Species (Dog, Cat, etc.)	Breed	Age	Weight	Gender	Micro Chipped	Special Needs / Allergies	Medical Conditions	Spayed / Neutered	Up to Date on all shots	Where is Pet kept?
Pet # 1												
Pet # 2												
Pet # 3												
Pet # 4												
Pet # 5												
Pet # 6												
Pet # 7												
Pet # 8												
Pet # 9												
Pet # 10												

***By signing below, I certify that all information provided is true and accurate to the best of my knowledge.***

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

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

# Animal Disaster Relief, Emergency Assistance and More, Inc.

## Individual/Family Application

Client Name: \_\_\_\_\_  
 Spouse/Partner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

Address Verification	
Initial	Type

CCN: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_ Text \_\_ Call

**Proof of ID:**

Drivers License #: \_\_\_\_\_  
 Green Card #: \_\_\_\_\_

Can we send you information through the mail? \_\_\_\_\_  
 Who referred you to us? \_\_\_\_\_

How did you manage before coming to us? \_\_\_\_\_

What is your household monthly income? \_\_\_\_\_  
 Are you receiving pet food assistance from anywhere else?  
 \_\_\_\_\_ If yes, please tell us from where and how often?  
 \_\_\_\_\_

**Total number of Animals in my Household:**

\_\_\_\_\_ Cats                      \_\_\_\_\_ Dogs  
 \_\_\_\_\_ Birds                  \_\_\_\_\_ Reptiles  
 \_\_\_\_\_ Rodents                \_\_\_\_\_ Livestock  
 \_\_\_\_\_ Small Caged Furry Animals  
 \_\_\_\_\_ Other

ID Verification		Income Verification	
Initial	Type	Initial	Type

**Number in Household:**

\_\_\_\_\_ Adults 65+  
 \_\_\_\_\_ Adults 18-64  
 \_\_\_\_\_ Children 12-18  
 \_\_\_\_\_ Children under 12

**Your Home:**

Own  
 Mortgage amount: \_\_\_\_\_  
 Rent  
 Rent amount: \_\_\_\_\_  
 Live with friends/family  
 Amount paid monthly: \_\_\_\_\_

**Reason for Need:**

- Unemployed
- Low-Income
- Financial Hardship
- Natural Disaster
- Other: \_\_\_\_\_

**Items Needed:**

- Dry Food
- Soft Food
- Treats
- Toys
- Litter
- Medicines
- Shots/Vaccines
- Spay/Neuter
- Other: \_\_\_\_\_

Who in your household will be responsible for completing the required volunteer hours? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does this person have a disability or injury that would limit their physical activity? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

***By signing below, I certify that all information provided is true and accurate to the best of my knowledge.***

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

# *Animal Disaster Relief, Emergency Assistance and More, Inc.*

## *Requirements and Guidelines*

CCN: \_\_\_\_\_

1. I agree to feed and give fresh water to my pets every day.
2. I agree to have my pets spayed/neutered.
3. I agree to have my pets up to date on shots.
4. I agree to attend to my pets in a timely manner if they need medical attention.
5. I agree to tell my friends and neighbors about ADREAM.
6. I agree to volunteer at ADREAM by completing one assigned task per month, every month. Tasks will be assigned by staff after the completion of a client survey.
7. I agree that if I cannot properly care for my pet, I will let someone at ADREAM know.
8. I agree to allow someone from ADREAM to come by my home and inspect the condition of my pet(s) at any time, if needed.
9. I will provide a picture of myself with all my pets together via text, email, or Facebook. (If needed, provide multiple pictures).
10. I agree that all food I get from ADREAM will be used **ONLY** for the nourishment of the animals listed with ADREAM.
11. I agree that I will not adopt or purchase any additional pets while receiving assistance from ADREAM.
12. I agree to inform a staff member of ADREAM immediately if I discover one of my pets has become pregnant. I will also notify a staff member of any new birth within two (2) weeks of the birthing.
13. I certify that my pets are companion animals only and are not being used for breeding or any illegal activities.
14. I agree not to tether or chain my pet all day long.
15. I understand that ADREAM cannot be held responsible for any illness of my pet(s).
16. I agree to provide verification in writing of any food allergies, medical conditions, rabies vaccination, and/or spay/neuter surgery for my pet(s) from a veterinarian.
17. I understand that I will have to undergo a review of my case periodically to verify my eligibility to continue receiving assistance. I will provide ADREAM with information concerning changes in my financial or household status within two (2) weeks of the change.

***By signing below, I understand and agree to all of the above listed requirements and guidelines. I understand that if I do not follow these requirements and guidelines I will no longer be able to receive pet food assistance from Animal Disaster Relief, Emergency Assistance and More, Inc.***

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

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

# *Animal Disaster Relief, Emergency Assistance and More, Inc.*

## *Liability Waiver*

**CCN:** \_\_\_\_\_

I, (print full name) \_\_\_\_\_ agree now and at all times in the future to waive any and all claims of liability, whether of negligence or any other cause of action, against Animal Disaster Relief, Emergency Assistance and More, Inc., hereto referred to as "ADREAM", and any Programs, its directors, officers, employees, affiliates, LANDLORD, and all volunteers and representatives working under its supervision, for any of the following: any personal injury, property damage or any other type of harm, resulting from my participation as a volunteer or representative in any and all activities I engage in under the supervision of ADREAM, its Programs, directors, officers, employees and volunteers. These activities include, but are not limited to warehouse work, pick up & delivery, stocking, loading and unloading food and supplies, assisting people with food, assisting people with their pets, answering phones, fundraising events, and the use of any equipment in or around the office or warehouse. I further understand that during my participation as a volunteer or client photographs or video may be taken and used by ADREAM for marketing or advertising, or otherwise published digitally or in printed form.

I understand that the involvement and participation as a volunteer with ADREAM, its Programs, directors, officers, employees, and volunteers under its supervision, is contingent upon my agreeing to this waiver.

I understand that all food, litter, supplements, pet supplies, and items provided to me by ADREAM are donated items and ADREAM does not guarantee the state or condition of these items. Should I find an item to be defective in any way I will not hold liable ADREAM, its Programs, directors, officers, employees, volunteers, partners, sponsors, affiliates, or donors for the defect or any potential illness or injury it may cause to me, my household, my pets, or my family. I will notify ADREAM of the defect immediately so that corrective action may be taken at the discretion of ADREAM.

**BY SIGNING THIS WAIVER, I ACKNOWLEDGE THAT VOLUNTEERING, WAREHOUSE/PET FOOD PANTRY WORK, AND FUNDRAISING EVENTS CAN BE DANGEROUS AND HARD WORK IN ITS NATURE AND I AGREE TO TAKE ANY AND ALL PRECAUTIONS TO PROTECT MYSELF AND OTHERS FROM BEING INJURED. I AGREE THAT WAREHOUSE/OFFICE PROCEDURES WERE EXPLAINED TO ME AND THAT CAUTION AND WORK SAFETY WAS EXPLAINED. BY SIGNING THIS, I WILLINGLY ACCEPT ALL RESPONSIBILITY AND ASSUME THIS RISK.**

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**ADREAM STAFF ONLY:**

Application Completed     Within Income Limits                      **Application Status:**     Approved     Rejected

I certify that I verified all required documents and provided data to determine the above marked application status.

Print: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_