



**INTAKE FORM**

**NAME:**

**ADDRESS:**

**PHONE NO:**

**NAME OF CAT:**

**DESCRIPTION:**

**AGE:**

**GENDER:**

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**QUALIFIERS – PLEASE CIRCLE ANY THAT APPLY:**

**DISABILITY**

**SSI**

**FOOD STAMPS**

**FUEL ASSISTANCE**

**SECTION 8**

**MEDICAID**

**CHILDREN'S HEALTH INSURANCE**

**WIC**

**UNEMPLOYED**

**OTHER** \_\_\_\_\_

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**IF NONE OF THE ABOVE ARE QUALIFIERS PLEASE INDICATE**

**ANNUAL INCOME** \_\_\_\_\_ **AND**

**LIST NUMBER OF FAMILY MEMBERS IN HOUSEHOLD** \_\_\_\_\_.