Expanded Services Income and Benefit Verification

This form must be completed prior to your appointment and returned to a TLC clinic receptionist for approval. If you are requesting expanded services based upon receipt of benefits or limited income, you must provide supporting documentation (ex. W-2, paystub, SNAP approval, etc.).

Name:	
Address:Phone Number:	
Pet Name(s):	
Pet Species:	
Pet Sex: □ Unaltered Male □ Unaltered Female	. ,
Pet Age:	
Pet Weight:	
I receive the following benefits:	
☐ Social Security	☐ Telephone Lifeline
☐ Unemployment	☐ Community Care via DADS
☐ Food stamps/SNAP	☐ LIS in Medicare ("Extra Help")
□ TANF	☐ Needs-based VA Pension
☐ Medicaid	☐ Child Care Assistance under Child Care and
☐ CHIP	Development Block Grant
□ SSI	☐ County Assistance, County Health Care, or
□WIC	General Assistance
□ AABD	☐ Other:
☐ Public Housing or Section 8 Housing	
☐ Low-Income Energy Assistance	
I have limited income:	
☐ Individual Income \$45,000 per year or less	
☐ Household Income \$55,000 per year or less	
I certify the information above is true.	
Signature:	Date:
	aff Use Only
☐ Proof of Social Security	☐ Proof of Unemployment
☐ Proof of Public Assistance	☐ Proof of Limited Income (W2 or Paystub)
Verified by:	Date:
Approved By:	Date:
(Approval can only be given by Deana, Vanessa,	