



## **Program Guidelines**

The primary purpose of this program is to prevent animal surrenders due to a family's inability to feed their pet(s). The following procedures are requested of all DaisyCares Pet Food Program participants (in addition to maintaining the requirements for Agency Partnership <http://safoodbank.org/becoming-a-partner/>):

1. The program must be primarily for the general public low income family whose intent is to maintain their pet in their home.
2. Animal Shelters / Rescue organizations may utilize no more than 20 % of all products acquired through the DaisyCares Pet Food Program for internal pet maintenance.
3. Program participants are required to accept referrals from the SAFB and United Way's 211 help line of families in need of pet food assistance.
4. Program participants will be asked to submit monthly reports on pet product distribution to families. (This report will be available online for online submission as well as a hard copy will be provided to all program participants.)
5. Product acquired under the DaisyCares Pet Food Program will be free to program participants (up to quantities dictated by the SAFB).
6. DaisyCares Pet Food Product may NOT be redistributed to any other organization and must be distributed solely by the program participant (interested organizations should contact the SAFB for information on how to participate in the program).
7. DaisyCares Pet Food Product may only be distributed to families who fall under the low income guidelines or families receiving federal benefits such as TANF, WIC, CHIP, MEDICAID, SNAP (Food Stamps), or individuals who are disabled and low income.
8. The SAFB family intake form must be used to qualify families (this form is available on our website) and these intake files should be retained for a minimum of 3 years.



## Sign-In & Monthly Report

The primary purpose of this program is to prevent animal surrenders due to a family's inability to feed their pet(s). The following report is due to Compliance & Capability by the 5<sup>th</sup> of the month following the distribution month.

	Family Name	# Cats	# Dogs	# other
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
<b>TOTAL</b>				

DUE BY THE 5<sup>th</sup> OF EVERY MONTH.

AVAILABLE ONLINE AT:

<https://safoodbank.wufoo.com/forms/daisycares-pet-food-program-monthly-report/>



# DaisyCares Program Application

Agency Name:

Agency Account Number:

Contact Person:

Contact Email:

Phone Number:

Hours of pantry operation:

Estimated number of families you can assist with pet food?

Are you an animal / wildlife affiliated organization?

Do you understand that you will have to assist families referred to you by the San Antonio Food Bank as well as by the United Way 211 Referral Center? Circle One

YES

NO

*By signing this document you are committing to distribute pet food on behalf of the Daisy Cares Pet Food Program and follow and rules and guidelines of this program, including open service to the community as well as reporting guidelines...*

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Printed Name: \_\_\_\_\_

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

Please submit agreement:  
Agency at [agency@safoodbank.org](mailto:agency@safoodbank.org)