

STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Authorization for Disclosure of Information to Establish Eligibility for the State Department of Agriculture's Connecticut Animal Population Control Program

(Please Print)

Name

Telephone Number

Address

I authorize the Connecticut Department of Social Services (DSS) to disclose to the Connecticut Department of Agriculture my current eligibility status for the following DSS program(s) for the purpose of establishing my eligibility for a subsidy under the Connecticut Animal Population Control Program.

- (Check any that apply)
- Food Stamps Temporary Family Assistance (TFA)
- Medicaid HUSKY A State Supplement to SSI
- State Administered General Assistance (SAGA) cash or medical assistance

- I understand that my refusal to sign will not affect my ability to obtain services or benefits from DSS, but may affect my eligibility for the Connecticut Animal Control Program.
- I understand my eligibility information provided in response to this release may be redisclosed and is no longer protected by DSS privacy regulations.

This authorization expires on _____ or upon the determination of my eligibility for the Connecticut Animal Population Control Program.

Signature of Individual or Representative

DSS Client ID# or S.S. #

Date

Printed Name of Person Who Signed

If a Representative, Authority to Act

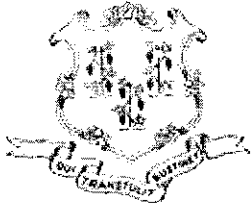
For Official Use Only

I verify that the above-named individual is eligible for the following DSS Program(s):

- FS TFA Medicaid HUSKY A SAGA
- State Supplement

Signature of DSS Official

Date



STATE OF CONNECTICUT

DEPARTMENT OF AGRICULTURE ANIMAL POPULATION CONTROL PROGRAM



LOW-INCOME PET STERILIZATION APPLICATION

Please list the pets, for which you are requesting benefits. If approved, you may be eligible for vaccination/sterilization vouchers for up to three (3) companion pets (dog/cat) per household. The voucher amounts are established at \$50 for a male cat, \$70 for a female cat, \$100 for a male dog and \$120 for a female dog. The voucher also provides for one (1) rabies and one (1) distemper combination vaccination coincident with surgery. **You will be required to pay for any additional services as specified by the veterinarian.**

Please complete the reverse side of this application, which specifies the Department of Social Services (DSS) authorization for the disclosure of information. This allows our agency to determine your qualification status for the allocation of state vaccination/sterilization benefits.

Describe the pet(s) requiring state assistance:

Pet 1:

Dog Cat Male Female

Breed: _____

Color: _____

Age: _____

Pet 2:

Dog Cat Male Female

Breed: _____

Color: _____

Age: _____

Pet 3:

Dog Cat Male Female

Breed: _____

Color: _____

Age: _____

Please mail this application to the Animal Population Control Program, Rm G-8A, 165 Capitol Avenue, Hartford, CT 06106. If you have questions, you may call our office at (860) 713-2507, between the hours of 8 am to 4:30 pm. If approved, your voucher(s) will be mailed to the address listed on this application with instructions. **THIS FORM MAY BE REPRODUCED.**

Department of Agriculture Use Only:

Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature/DoAG Official: _____	Date: _____
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