

Department of Community Services

WAIVER OF EUTHANASIA/SURRENDER FEE APPLICATION FORM

Applicant Contact Information			SECTION 1	
Name				
Address			_	
		l		
Telephone (home)	(work)	(cell)		
Email				
Financial Criteria			SECTION 2	
You are eligible for assistance if you me	et one of the following	criteria:		
I have a combined family net income of \$25,000 or less I am 65 years of age or older and receiving the Guaranteed Income Supplement				
r am co years or age or eraer and r	cooling the Guarantee	out income cuppionionic		
Supporting Documentation			SECTION 3	
The documentation below must accomp	any this application:			
1. Photo identification to provide identity and proof of residency in St. John's.				
 2. Proof of income – copy of current year income tax assessment. Provide tax assessments for all family members living in the household 				
 We do not accept pay stubs or T4s 3. If you are receiving the Guaranteed Income Supplement, a letter of confirmation from the 				
Government of Canada. Please note this is not CPP or OAS.				
Applicant Declaration			SECTION 4	
I certify that the information contained in this application is true to the best of my knowledge, information and belief.				
	Date		-	
Signature				
If approved, you will be contacted and re 1:00pm.	equired to bring your pe	et in on Tuesday, between	12:00pm and	

ST. J@HN'S

Office Use Only	SECTION 5	
Confirmation of residence in the form of:		
Confirmation of income in the form of:		
Confirmation of GIS in the form of:		
Approved by:	Date	
Declined by:		
Euthanasia for humane reasons		
Comments:		
D: 011		
Privacy Statement	SECTION 6	
Collection of personal information via this form is auth	orized under the Access to Information and	
Protection of Privacy Act, 2015 and is needed for the	purpose of waiving fees. Questions about the	
collection and use of the information may be directed	to Cindy R. McGrath, Manager – Humane	
Services, <u>cmcgrath@stjohns.ca</u>		
The completed form and supporting documentation can be delivered, during normal working hours, to:	For additional information:	
can be delivered, during normal working nodrs, to.	Visit or Call Access St. John's	
Humane Services	City Hall, 10 New Gower Street	
81 Higgins Line	311 or 709-754-CITY (2489)	
The completed form and supporting documentation	Call Humane Services	
can be mailed to:	709-576-6126	
	Monday to Friday, Noon to 4pm	
Humane Services PO Box 908	Saturday and Sunday, 3 to 5pm	
St. John's NI	Fmail humaneservices@stiohns.ca	



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Form last updated: 2019-01-11