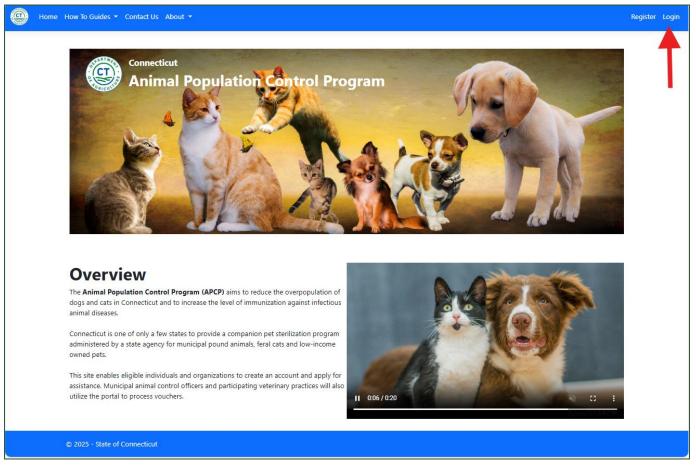
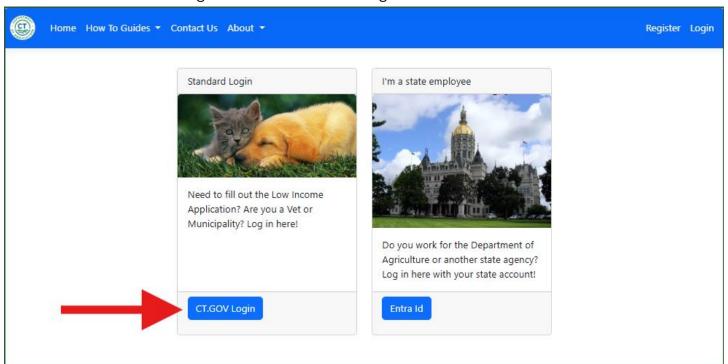
## User Guide for Low-Income Applicants after they have Registered and set up their login credentials with CT.Gov

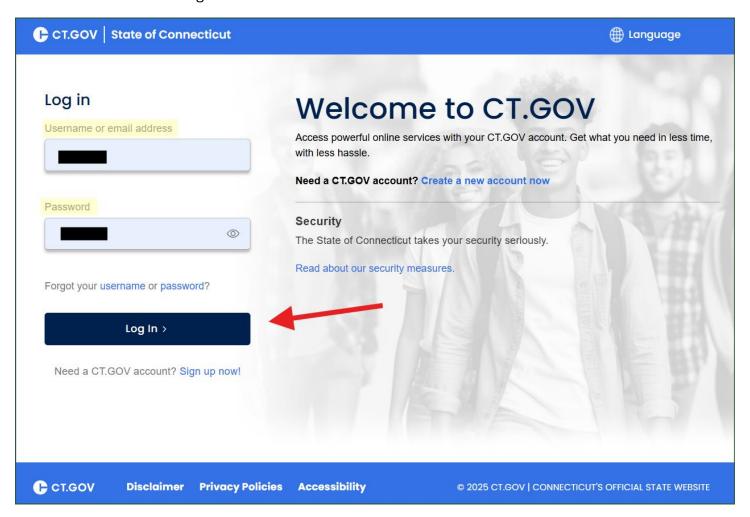
1. Go to <a href="https://apcp.ct.gov">https://apcp.ct.gov</a> and Click Login, if you have not set up a username and password yet, please refer to the Guide: "APCP General Registration and Login Process All Users".



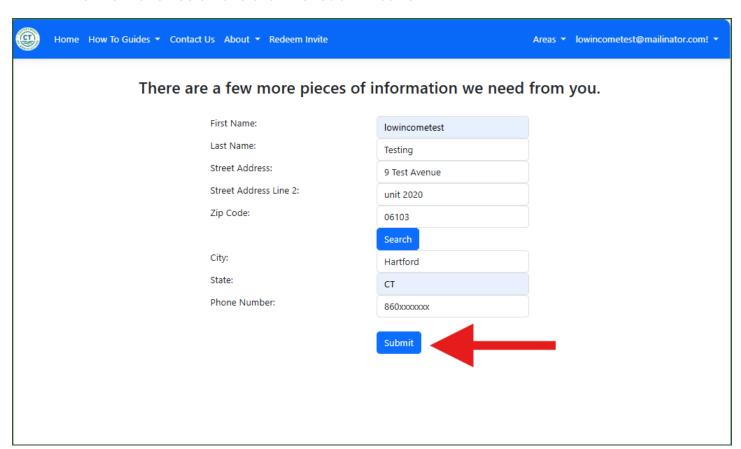
2. Select Button "CT.GOV Login" under the Standard Login box:



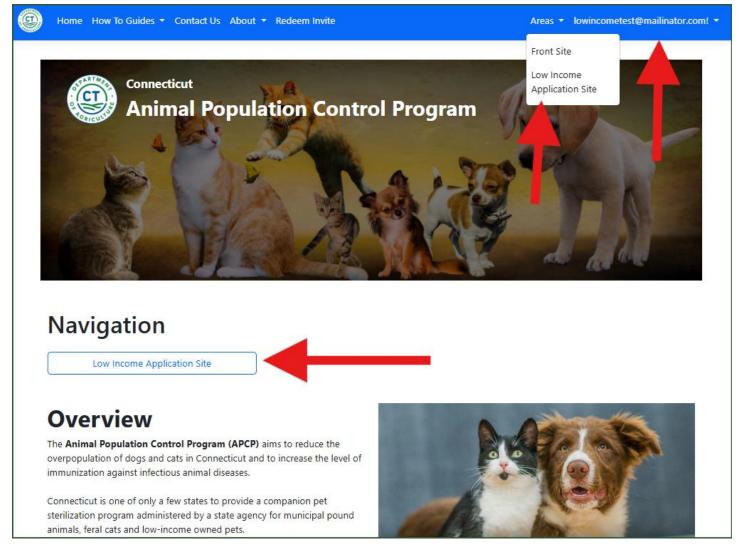
3. If you chose to save your credentials, they would automatically fill in on the login page below, if not, please enter your Username and Password you selected when you registered your account with CT.GOV. Then select the Button "Log In >"



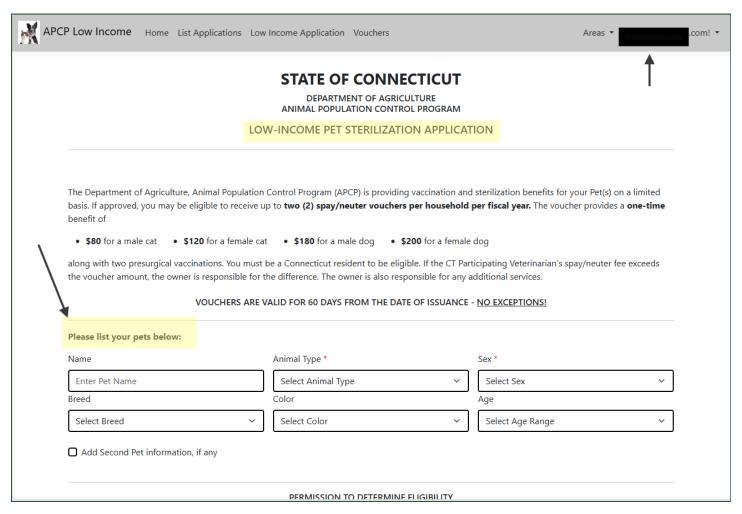
4. Fill in the information below and click the "Submit" button.



5. You will land on the main page for the Low-Income Application Site. Your username/Email will appear in the upper right corner as shown below in this example. This means you are successfully logged into the site. Under the Areas drop down menu you can navigate to the main "Front Site" or the "Low Income Application Site" from anywhere on the site. Also, on the Front Site there is a navigation area with a button "Low Income Application Site" as a secondary way to access your "Low Income Application Site".



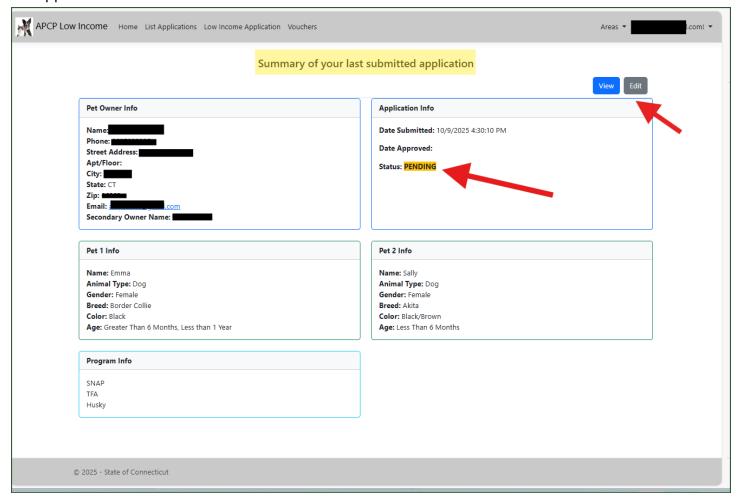
6. If you have not already filled out an application, then you will land on the Low-Income Pet Sterilization Application page to fill in your information. Please read the application carefully and fill in all the necessary fields, any fields with a red asterisk (\*) are required fields and must be filled in, to submit the application. Enter the Pet information and if you have a Second pet select the Second Pet check box and the fields will appear for you to enter the information for your second pet.



7. The second half of the application is the Primary Pet Owner's Information and the necessary permissions to contact the Department of Social Services (DSS) to verify the assistance programs that are selected below. If you have a Secondary Pet Owner, that will be dealing with the Veterinarian as well, they will need to be listed here and there is a check box that will open a field to enter that information. Once all necessary fields are filled in, review for accuracy and then select the Button "SUBMIT".

	PERMISSION TO DETERMINE ELIGIBILITY	Y		
Pet Owner Information:				
First Name *	Last Name *		Phone	
Enter Pet Owner First Name	Enter Pet Owner Last Name		Enter Phone Number	
Email *	Street Address *		Apartment/Floor Number	
Enter Email Address	Enter Street Address		Enter Apartment/Floor Number if any	
City *	State *		Zip *	
Enter City	Select State	~	Enter Zip	
Languages Spoken				
Languages Spoken  Enter Languages Spoken  Add Secondary Owner information, if any				
Enter Languages Spoken	DSS) permission to disclose to the Connecticut De	epartment	of Agriculture (DoAG), my eligibility status for	the
Enter Languages Spoken  Add Secondary Owner information, if any  I give the Connecticut Department of Social Services (i		epartment	of Agriculture (DoAG), my eligibility status for	the
Enter Languages Spoken  Add Secondary Owner information, if any  I give the Connecticut Department of Social Services (I following DSS program(s).		epartment	of Agriculture (DoAG), my eligibility status for  Husky A, C or D (Medicaid)	the
Enter Languages Spoken  Add Secondary Owner information, if any  I give the Connecticut Department of Social Services (I following DSS program(s).  Do you receive assistance from any of the following programs	ams? Check any that apply. *			the
Enter Languages Spoken  Add Secondary Owner information, if any  I give the Connecticut Department of Social Services (I following DSS program(s).  Do you receive assistance from any of the following program (SNAP)	ams? Check any that apply. *			the
Enter Languages Spoken  Add Secondary Owner information, if any  I give the Connecticut Department of Social Services (I following DSS program(s).  Do you receive assistance from any of the following program (SNAP)	ams? Check any that apply. *    Temporary Family Assistance (TFA)    State Administered General Assistance (SAGA)	)	Husky A, C or D (Medicaid)	the
Enter Languages Spoken  Add Secondary Owner information, if any  I give the Connecticut Department of Social Services (I following DSS program(s).  Do you receive assistance from any of the following program (SNAP)  Supplemental Nutrition Assistance Program (SNAP)	ams? Check any that apply. *    Temporary Family Assistance (TFA)    State Administered General Assistance (SAGA)	)	Husky A, C or D (Medicaid)	the

8. The page will update and will show the application data just submitted, the Status will be set to "PENDING", and the Date and Time of submission will be captured. You have the option to View or Edit the application.



9. After the application is submitted, you will also receive an Email confirmation of receipt from the CT Agriculture APCP Team. The application will be assigned an Application ID, and a link will be provided to login and check the status of your application at any time. The information can be edited until such time as it starts the verification and approval process.

From: agr.apcp@ct.gov agr.apcp@ct.gov

Sent: Friday, October 31, 2025 11:47 AM

To: lowincometest

Subject: Test - Welcome to the New APCP Veterinarian Portal!

Dear lowincometest Testing,

Thank you for submitting your Voucher Application Request to the Connecticut Department of Agriculture's Animal Population Control Program. Your application is currently under review

To check your application status, please log in to the: Application Portal.

Your Application ID is: 8

### Please keep in mind:

- Vouchers are limited and submitting an application does not guar
- The program allows for up to two household pets per fiscal year.
- Vouchers are valid for 60 days from the date of issue and cover part of the cost for spay/neuter procedures
- Procedures must be performed by a Participating Veterinarian Practice. Extensions are not available for scheduling conflicts.

- Female Dog: 200.00
- Male Dog: 180.00
- Female Cat: 120.00
- Male Cat: 120.00
- Two Vaccinations: 15.00 (each)

Any costs beyond the youcher amount must be paid by the pet owner at the time of the procedure.

Applicants must be receiving at least one of the following programs through the Connecticut Department of Social Services at the time of application:

- Supplemental Nutrition Assistance Program (SNAP)
- Husky A, C, or D (Medicaid)
- State-Administered General As
- Temporary Family Assistance (TFA)
- State Supplement

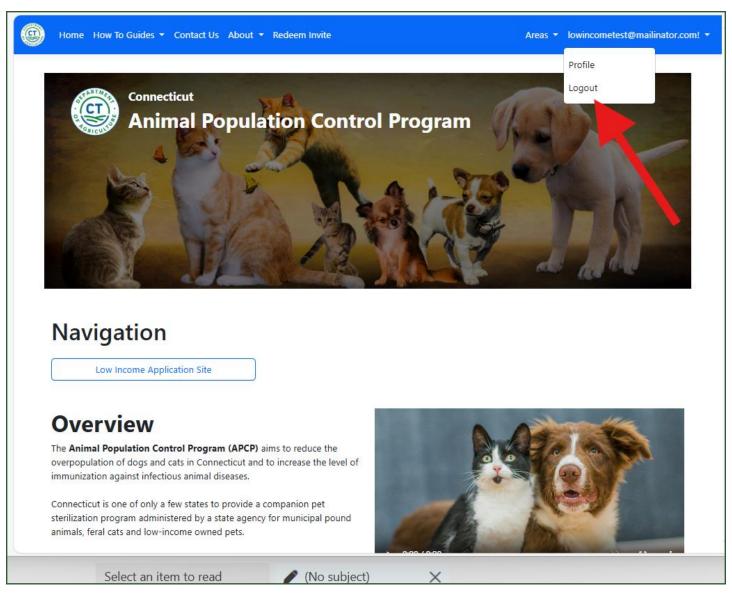
If you have any questions, feel free to contact us: Animal Population Control Program

Connecticut Department of Agriculture

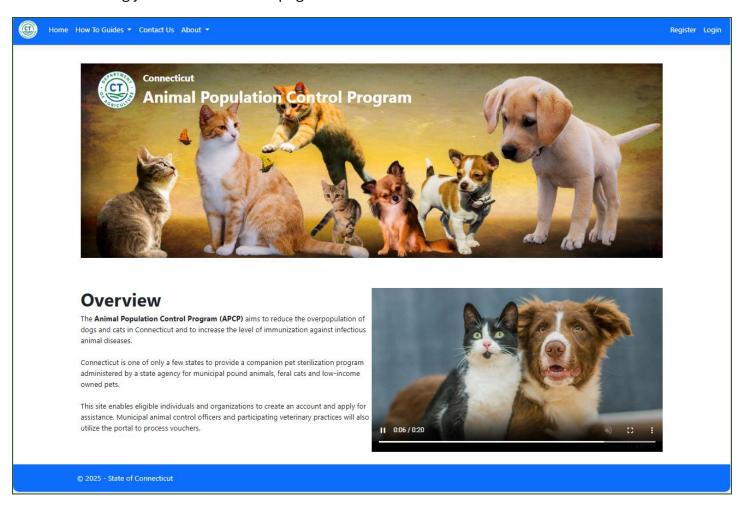
**6** 860-713-2507 o agr.apcp@ct.gov

Unsubscribe - Unsubscribe Preferences

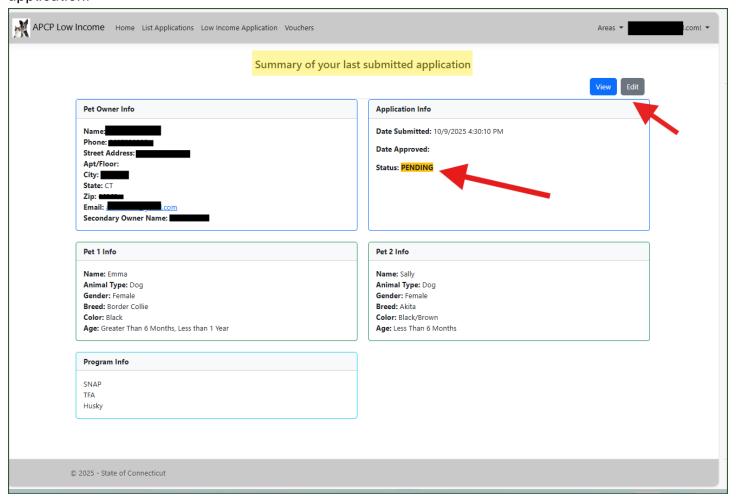
10. If you are done with the application process, then you can Logout of the system as shown below.



11. This will bring you back to the main page of the APCP site.



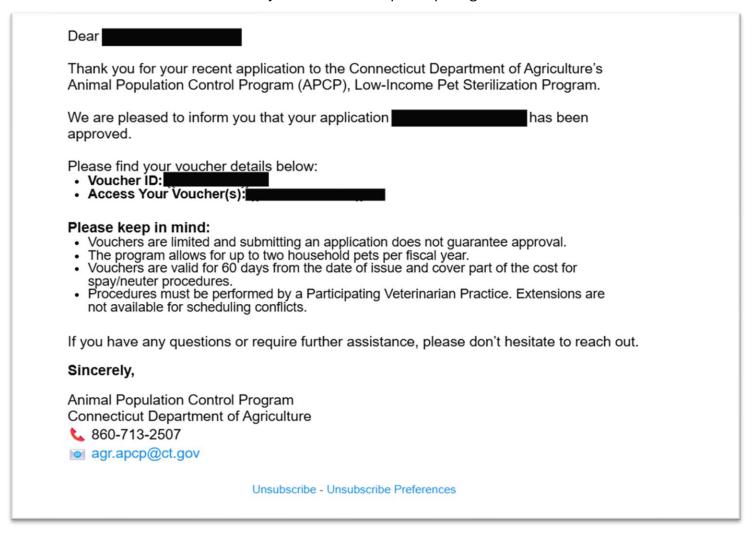
12. You can bookmark the site, so you can visit the site at any time to check the status of your application.



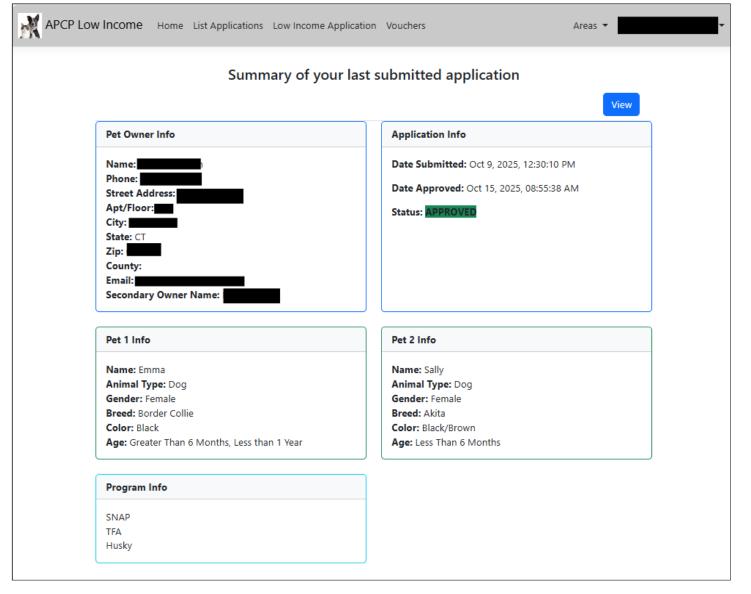
- 13. After your application is reviewed the Connecticut Department of Agriculture will send an e-mail notification if the Application was Approved or Denied along with any details or further action which may be needed to be taken.
- 14. If your application is Denied you will receive the following Denial email and no further action is required. You will receive other possible discounted options/services which you may use to have your pets vaccinated, spayed, or neutered. You may also apply again the following year for another opportunity to be selected for our program.



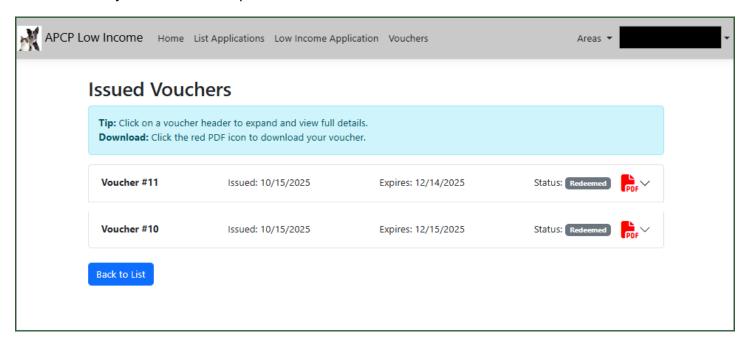
15. If your application is Approved you will receive the following Approval e-mail. Log into the APCP site and follow the instructions to Redeem your Voucher at a participating Veterinarian office.



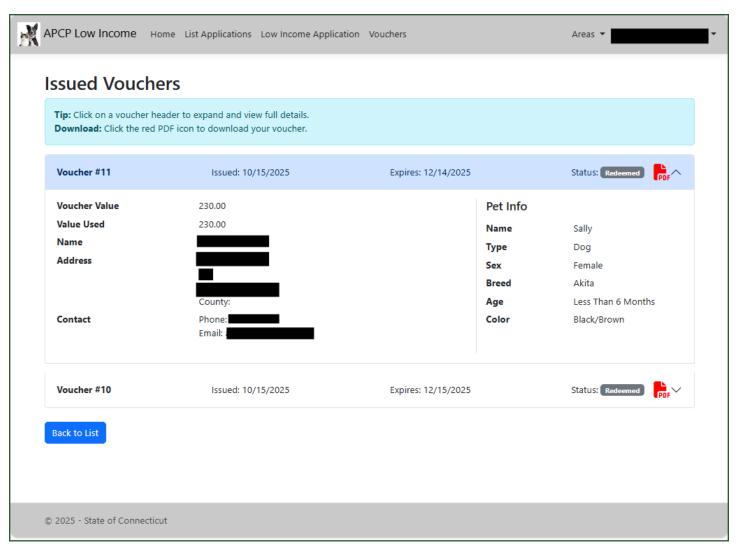
16. Login to the APCP site and on the Low-Income Home page you will see your approval:



17. You can click on the "Vouchers" button at the top, and you will see your voucher information, and you can download your voucher as a pdf. See #18 below.



18. If you click on the voucher header it will expand and provide the full details of the voucher.





# STATE OF CONNECTICUT DEPARTMENT OF AGRICULTURE ANIMAL POPULATION CONTROL PROGRAM 450 Columbus Blvd., Hartford, Connecticut 06103

## S 11

## VACCINATION/STERILIZATION VOUCHER

Name: Low Income Applicant / Feral C	at Organization			Issued Date 10/15/2025				
reet Address					Telephone Number			
City/Town				State	Zip Code			
ony/Town				CT	Zip code			
Type of Pet Cat Male Dog Male	Female X Female	Breed Akita	Color Black/Brown	Approx. Age Less Than 6		I Cat Trapped		
FERAL CAT ORGANIZATI	ONS ONLY: VOU	CHERS EXPIRE	ON:					
LOW INCOME DARKING			40/44/000	N.E.				
LOW INCOME PARTICIPA	ANTS ONLY: VOU	CHERS EXPIRE	ON: 12/14/202	25				
TO	RE COMPLETED F	EV DARTICIDA	TING VETER	ZINIARIANI				
<u>TO I</u>	BE COMPLETED E	BY PARTICIPA	ATING VETER	RINARIAN				
Reminder: Previously sterilized animal					-			
					siness Telep	ohone Number		
Reminder: Previously sterilized animal						ohone Number		
Reminder: Previously sterilized animal	ls are not eligible for benet City/Town	fits. Please examine	pet first.	Ви				
Reminder: Previously sterilized animal Name of Practice (Print)  Street Address I certify that the pet described above re	ls are not eligible for benet City/Town	fits. Please examine	pet first.	Ви		Zip Code		
Reminder: Previously sterilized animal Name of Practice (Print)  Street Address  I certify that the pet described above in Cat Dog D	City/Town eceived the following servi	fits. Please examine	pet first.	Ви		Zip Code		
Reminder: Previously sterilized animal Name of Practice (Print)  Street Address I certify that the pet described above re	City/Town	fits. Please examine	pet first.  ocedures.  Date: PREVIOUSL'	Sta	ate	Zip Code		
Reminder: Previously sterilized animal Name of Practice (Print)  Street Address  I certify that the pet described above in Cat Dog D	City/Town eceived the following servi	fits. Please examine	pet first.  ocedures.  Date: PREVIOUSL'	Sta Sta Y STERILIZED TURN FOR SURG	ate	Zip Code		
Reminder: Previously sterilized animal Name of Practice (Print)  Street Address  I certify that the pet described above re Cat Dog D  VACCINATIONS: Rables	City/Town eceived the following servi	fits. Please examine	pet first.  ocedures.  Date: PREVIOUSL'	Sta Sta Y STERILIZED TURN FOR SURG	sery	Zip Code		
Reminder: Previously sterilized animal Name of Practice (Print)  Street Address  I certify that the pet described above re Cat Dog VACCINATIONS: Rables  SIGNATURE OF VETERINARIAN	City/Town eceived the following servi Male Female  Other	fits. Please examine ices per program pr Sterilization	pet first.  ocedures.  Date:  PREVIOUSL'  DID NOT RE	Y STERILIZED TURN FOR SURG	BERY NTE	Zip Code		
Reminder: Previously sterilized animal Name of Practice (Print)  Street Address  I certify that the pet described above re Cat Dog VACCINATIONS: Rables  SIGNATURE OF VETERINARIAN  This voucher must be used present the previous sterilized animal process.	City/Town eceived the following serve Male Female  Other	ices per program pr Sterilization	pet first.  ocedures.  Date:  PREVIOUSL'  DID NOT RE	Star Star Star Star Star Star Star Star	BERY NTE	Zip Code		
Reminder: Previously sterilized animal Name of Practice (Print)  Street Address  I certify that the pet described above re Cat Dog D  VACCINATIONS: Rables	City/Town  eceived the following serve  Male Female   Other  or to the expiration of the information, call	ices per program pr Sterilization	pet first.  ocedures.  Date:  PREVIOUSL'  DID NOT RE	Star Star Star Star Star Star Star Star	BERY NTE	Zip Code		