



PATRIOT SERVICE DOGS VETERAN APPLICATION

Patriot Service Dogs, Inc. (PSD) is a 501(c)(3) organization dedicated to helping our disabled military gain a sense of independence through their partnership with a well-trained service dog. We strive to make a difference in the lives of those who have given so much for our freedom.

To be eligible to enter this PATRIOT SERVICE DOG APPLICATION, you must be a be an honorably discharged veteran or active military:

- Provide a safe, loving environment for the service dog, which included exercise and medical care.
- Give a written report on your service dog every other month.
- Agree to a home visit from PSD instructor within three (3) months after the initial training, and participate in yearly recertification

APPLICATION CHECKLIST

VETERAN APPLICANT INFORMATION — **pages 3 - 6**

PHOTOGRAPHY AUTHORIZATION AND RELEASE — **page 7**
Complete pages 3-7, sign and return to Patriot Services Dogs by US Mail
Applications will not be accepted by email for privacy reasons

DD 214
Please include a certified copy of your DD Form 214 from
www.archives.gov/veterans/military-service-records

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION AND MEDICAL INFORMATION — **pages 8-11**
Sign Provider's Release (Authorization to Disclose Health Information) on **page 8**, then send **pages 8-11** (Authorization to Disclose Health Information and Medical Information) to your Provider) to complete.

FAMILY QUESTIONNAIRE — **pages 12-13**
Have a family member complete, sign and mail directly to Patriot Service Dogs

CURRENT PICTURE

BEFORE YOU APPLY — **page 14**

Return completed application:

Julie Sanderson
Patriot Service Dogs
10545 SE 42 Ct
Bellevue, FL 34420

APPLICATION PROCESS

1. Please type or print clearly with **blue or black ink only**.
2. Complete **VETERAN APPLICANT INFORMATION** (pages 3-7) of the application. Review and sign the Photography Authorization and Release (page 7). *Mail both forms to: Julie Sanderson, Patriot Service Dogs, 10545 SE 42 Ct, Belleview, FL 34420.*
3. Include a copy of your DD 214.
4. **BEFORE YOU APPLY** (page 14). Read Carefully, sign and return with VETERAN APPLICATION.
5. Complete and sign the **Authorization to Disclose Health Information** (page 8). Provide the original to the veteran's medical professional and send a signed copy with the veteran's completed application to the address listed in #2 above.
6. Fill in the information requested on the top portion of page 9, and sign page 8 prior to giving to the veteran's medical provider.
7. **MEDICAL INFORMATION** (pages 9-11) is to be completed by the veteran's Medical or Mental Health Provider. Please have the Provider's office send the Medical Information directly to Patriot Service Dogs at the address listed in #2 above. If the veteran has multiple medical or mental health providers, **only one Provider form is required**.
8. **FAMILY QUESTIONNAIRE** (pages 12-13) is to be completed by a parent, spouse, significant other or family member currently living with the veteran. If the veteran lives alone, have the document completed by one of those qualified that see the veteran on at least a weekly basis. Please have the parent, spouse, significant other or family member send the Family Questionnaire portion of the application directly to Patriot Service Dogs at the address listed in #2 above.
9. **Sending in the application is only the first step in the application process.** The application will be reviewed upon receipt; any additional information needed will be requested from the veteran, their medical provider or their family member. Once the application is complete it must be reviewed by the Application Committee for tentative approval. The timeframe between tentative approval and actual receipt of a service dog can be up to two years or more. It is important to send in all required documents so that the Application Committee can make an informed decision about the application. The veteran will be notified by a representative of Patriot Service Dogs as to the status of the application (*put into the queue, deferred, etc.*). When Patriot Service Dogs is starting to pull a veteran/service dog pairing class together, the application will be reviewed by the Selection Committee. A representative of Patriot Service Dogs will contact the veteran to clarify any committee issues, answer any questions about the program and discuss the next steps in the application process.
10. Once a service dog is matched to the veteran, the veteran must be able to travel to Florida and attend the eight (8) day training session required by Service Patriot Dogs. If an applicant is unable or unwilling to attend the entire training session, they will not receive a service dog. If Patriot Service Dogs trains a service dog for a veteran and the veteran leaves the training session early, the service dog will remain at Patriot Service Dogs.
11. Do not assume that answering a question in a particular way will automatically disqualify the veteran from the program. We are not looking for the "right" answer. We want honest answers. This will assist us in helping the veteran.
12. Questions regarding this process may be emailed to: julie@patriotservicedogs.org. No confidential information should be sent via email. Send us a note, including phone number, state that there are questions about the application process and we will call the veteran.



VETERAN

PATRIOT SERVICE DOGS PROGRAM APPLICATION APPLICANT INFORMATION

Application must be completed by the veteran or answered under the direction of the veteran. Please identify the person completing the application if the veteran is unable to complete the application on their own.

Thank you for filling out our application. We greatly appreciate the time you are investing to apply, but please understand that it does not guarantee that a dog will be placed with you. We will, however, consider each application carefully. Please be as honest as possible so that we know your needs and lifestyle in order to provide the best match possible.

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ Fax: _____

Date of birth: _____

Height: _____ Weight: _____ Gender: Male Female

Marital Status: Single Married Separated Divorced Widowed

Place of employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Fax: _____

What do you do for a living? _____

What are your regular work hours _____ Do you work overtime? _____

Highest level of education completed: _____

Last school attended or attending: _____

City: _____ State: _____ Zip: _____

Emergency contact: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Fax: _____

Email: _____

How did you hear about Patriot Service Dogs (PSD)?

VETERAN

MILITARY INFORMATION

What is your military status? Veteran Active Duty NG/Reserve

Service Branch: _____ Dates of service: _____ Rank: _____

Type of discharge: _____ Honorable: Yes No

Where did you serve: _____

HOUSING INFORMATION

With whom do you live? Alone With parent(s) With spouse or significant other

(Check all that apply) With attendant With roommate(s) Other: _____

Do you have a strong support system?

Yes If yes, who: _____

No If no, please explain: _____

What type of residence is your home? How long have you lived here? _____

House Apartment Dorm Condo Mobile Home Other: _____

Please describe the home environment where the dog will live (size, number of rooms, upstairs, ground floor, noisy, cluttered, etc.)

Does your home have a fenced yard, enclosed area or other space for a dog to exercise Yes No

Do you currently own pets?

Yes If yes, what kind and how many _____

No _____

Have you ever owned an animal in the past, specifically a dog? Yes No

If yes, explain: _____

Do you reside with, or visit children regularly or do children regularly visit you?

Yes No

How many? _____ What are their ages? _____

How frequently do you see them?

Daily Weekly Monthly Other: _____

VETERAN

CIVIL/CRIMINAL CHARGES (A yes answer does not preclude acceptance into program)

If you have any concerns about filling out this section, please contact us at 352-514-9903

Have you ever had, or do you have, pending criminal charges? Yes No

If yes, please explain: _____

Dates: _____

Have you served, or are you currently serving, parole or probation? Yes No

If yes, please explain: _____

Dates: _____

Have you ever been charged with driving under the influence? Yes No

If yes, please explain: _____

Dates: _____

Have you ever been charged with domestic violence? Yes No

If yes, please explain: _____

Dates: _____

Have you ever been charged with animal cruelty? Yes No

If yes, please explain: _____

Dates: _____

OWNING A DOG

How do you feel about the use of a service dog publicly identifying you as a person with a disability?

VETERAN

If you are not physically able to feed or take care of the service dog you must provide or arrange for someone else to care for your service dog. This includes feeding twice a day, exercise, potty, and general care.

Exercise: Our dogs average between 55-85 pounds. They need a least 45 minutes each day walking, playing fetch, etc. Please explain how you can provide this exercise.

Define your need for a service dog. Please describe what exactly you would like the service dog to do for you. Would having a service dog help you achieve more independence. (please be as specific as you can):

All participants shall be familiar with, and comply with, the regulations implementing the Americans with Disabilities Act (ADA) for Title II and Title III, dated September 15, 2010 regarding the use of a service dog. ADA guidelines can be found online at 111.ada.gov.

By signing this application the veteran is granting permission for Patriot Services Dogs staff to communicate with individuals designated in this application as medical or family.

I have disclosed all information to the best of my knowledge. I understand that failure to disclose, or providing a false response, shall be grounds for automatic disqualification from consideration for, or expulsion from, the program.

Signed: _____ Date: _____
Applicant

Printed Name: _____

Please mail the completed application form to:

Julie Sanderson
Patriot Service Dogs
10545 SE 42 Ct
Belleview, FL 34420

VETERAN



PHOTOGRAPHY AUTHORIZATION AND RELEASE

I consent to being photographed/videoed by Patriot Service Dogs (PSD), and/or its designee in connection with the training, promotion, marketing and educational endeavors of PSD and/or its designee.

I understand that such photographs/videos may be published in any print, visual or electronic media, including, but not limited to, marketing materials, brochures, pamphlets, videos, website, social media, medical journals and textbooks, for the purpose of informing the medical profession, service dog training profession and/or the general public about service dog training methods for veterans with disabilities.

I understand that the photographs may portray features which will make my identity recognizable.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will not have any effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will automatically expire ten years from the date written below. I understand that I may refuse to sign this authorization and such refusal will have no effect on the services I receive from PSD.

I release and discharge PSD and all parties acting under their direction and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use in publications, including any claim for payment in connection with distribution, licensing or publication or reprinting of the photographs.

I have read this Authorization and Release and have had an opportunity to consult legal counsel with respect to this. By placing my signature below I fully consent to the terms and conditions contained herein. This consent is a voluntary contribution in the interest of public education and I certify that I have read the above Authorization and Release and fully understand its terms.

PRINT NAME: _____

SIGNATURE: _____ DATE _____

WITNESS PRINT NAME: _____

WITNESS SIGNATURE: _____ DATE: _____



MEDICAL

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I, _____, hereby authorize _____
(patient/applicant) (medical provider)

to furnish the following medical information.

Purpose of Disclosure: Patriot Service Dogs (PSD) trains PTSD service dogs to identify early signs and symptoms related to emotional states that are occurring and provide notice to the veteran. Detailed information about symptoms and unwanted behaviors allows for more precise and effective training. In addition to providing highly trained service dogs to veterans suffering from PTSD.

Patient's name: _____ Date of birth: _____

Please provide the following information and mail to:

Julie Sanderson, Patriot Service Dogs, 10545 SE 42 Ct, Belleview, FL 34420

1. Dates of patient treatment under your care.
2. Physical exam and history
3. Current treatment plan
4. List of all current medications including dosages
5. Discharge summary (if client has been discharged from your treatment)
6. Current diagnosis (or diagnosis at discharge)
7. Suicide or other risk assessments

By initialing below I specifically authorize the release of my mental health, physical disabilities, and alcohol/substance abuse concerns:

I understand that:

- I have the right to inspect and receive copies of information disclosed.
- I have the right to revoke this consent at any time.
- Revoking this consent shall have no effect on disclosures made before the revocation of consent.
- Any revocation of consent must be submitted in writing to the health care provider and signed by the person who gave the consent
- If I refuse to consent to this disclosure of information, Patriot Services Dogs will be unable to enroll me into its program due to lack of medical information.

I agree that a photocopy of this authorization is as valid as the original.

Signed: _____ Date: _____ Expires: _____
(Patient or legal guardian)

A signed release expires in one year unless the person signing the release selects to limit the period to something less than a year. Please indicate how long you want to give permission for this information to be

shared _____

If signature is not of patient, indicate relationship _____

MEDICAL



SERVICE DOG PROGRAM APPLICATION MEDICAL INFORMATION

(Completed by treating clinician)

MEDICAL OR MENTAL HEALTH PROVIDER RELEASE

Name of Provider: _____

Please release the requested medical information regarding my condition to Patriot Service Dogs. The information will be used to help the organization determine my eligibility to obtain a service dog.

Patient name (please print): _____ Date: _____

MEDICAL OR MENTAL HEALTH PROVIDER CONTACT INFORMATION

Provider name: _____

Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Primary diagnosis/Problem you are treating: _____

Dates of care or treatment: _____

Cause of disability (if known): _____

Secondary disability/Medical conditions: _____

Please indicate any special instruction/consideration related to patient's disability or medical conditions (for Example: hyperreflexia management, seizure precautions, etc.)

Please list all current medications and dosage, including medical marijuana, the patient is currently taking:

MEDICAL

Does the patient have any of the following issues that could hinder their training and maintenance of a service dog? Check all that apply.

1. **Motor impairments** ___ Weakness ___ Spasticity ___ Coordination Other _____
2. **Sensory impairments** ___ Vision ___ Hearing ___ Lose of sensation ___ Light sensitivity
3. **Cognitive impairments** ___ Attention ___ Memory ___ Problem solving ___ Judgement
4. **Communication impairments** ___ Comprehension ___ Expression ___ Speech

PSYCHOLOGICAL / BEHAVIORAL DESCRIPTIONS

- | | | |
|---------------------------|--------------------------|---------------------------------------|
| ___ Depression | ___ Impaired self-esteem | ___ Irritability/anger control issues |
| ___ Hopeless/Helplessness | ___ Suicidal ideation | ___ Isolation/Emotionally cut off |
| ___ Lack of empathy | ___ Hyper-vigilance | ___ Suicide attempts |
| ___ Anxiety | ___ Panic attacks | ___ Difficulty focusing on one thing |
| ___ Sleep disorder | ___ Nightmares | ___ Flashbacks |

___ Substance abuse (alcohol/drugs): ***If applicable, please describe in more detail the type and severity.***

If there are other behaviors or habits that are affecting the patient negatively, please explain below.

MEDICAL

Has the patient participated in an in-patient mental health program? Yes No

If yes, please explain:

Did patient comply with treatment recommendations? Yes No

ADDITIONAL MEDICAL CONDITIONS

Cardiovascular disease Respiratory disease Diabetes Seizure disorder
 Seizure disorder Chronic pain Other _____

ASSISTIVE DEVICES

Manual wheelchair Power wheelchair/scooter Walker Crutches
 Cane Orthotics Prosthesis Hearing aid

Would you recommend this individual for a service dog? Yes No

If no, please explain:

Do you think this individual has the ability to care for a dog or implement the help necessary to care for a service dog? Yes No

Is there anything you would like to talk to us about concerning this patient such as sufficient self-control to deal appropriately with interpersonal conflicts, disappointments and decisions that do not go his/her way? Do you think Patriots Service Dogs would benefit from a consultation with you to help facilitate placement of a service dog for this patient. Yes No

If yes, please provide a telephone number or email to initiate consultation.

Additional comments/observations:

Provider signature: _____ Date: _____

Please mail the completed medical history for to:

Julie Sanderson
Patriot Service Dogs
10545 SE 42 Ct



FAMILY

SERVICE DOG PROGRAM FAMILY QUESTIONNAIRE

(completed by parent, spouse, significant other or other family member that currently lives or sees the applicant on a weekly basis.)

All comments and responses are confidential and will not be shared with the veteran. This form is intended for Patriot Service Dogs' assessment purposes only. Truthful, honest and full disclosure is extremely important to a proper assessment and potential placement of a service dog.

Name: _____

Applicant name: _____

Relationship to veteran: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

VETERAN'S MENTAL AND EMOTIONAL STATUS

Do you feel the veteran acts in ways that are beyond his/her Control? *If Yes, please explain:* Yes No Minimally

Can the veteran learn and follow direction to the degree necessary to take care of a service dog? Yes No Minimally

Is the veteran's disability affected by drug use or abuse? Yes No

Is the veteran capable of making rational decisions? Yes No

Does the veteran pose a danger to herself/himself or others? Yes No
If Yes, please explain:

Is the veteran oriented to time, place and person? Yes No

Does the veteran have an appropriate attention span? Yes No

Can the veteran communicate ideas clearly? Yes No

What are the benefits YOU anticipate experiencing as a result of the veteran obtaining a service dog?

FAMILY

FAMILY QUESTIONS

Do you have any concerns about the veteran obtaining a service dog?
If yes, please explain:

Yes No

Are any members of the veteran's support system allergic to dogs, dog hair or dander?

Yes No

Would you like clarification or need to speak to us for additional information?

Yes No

Best method to contact you:

Phone: _____

Email: _____

Thank you for taking the time to complete this questionnaire. If the veteran is accepted, we look forward to working with you as a helpful contributor to their recovery.

Please mail the completed form to:

Julie Sanderson
Patriot Service Dogs
10545 SE 42 Ct
Bellevue, FL 34420

Before You Apply

Being paired with a service dog is an amazing and life-changing experience, but it also brings responsibilities and challenges. It involves a lot of hard work, patience, commitment, and at times, frustration.

Please consider the following before applying.

Privacy — Having a service dog Some people will ask you about it, others will stare. How will you react? The general American population loves dogs, and will welcome the service dog. You can count on being stopped on the street, in the store, at work, etc. by people wanting to comment on or ask about your dog. *Are you okay with this level of attention?*

Be Realistic — What specifically do you want the service dog to do for you? How realistic are those expectations? While our dogs are extremely well trained and can help in many ways, they are still dogs.

Time Commitment — If you are accepted to have a dog placed with you, you will begin with a one week intensive training period to prepare you for working with your dog. You will attend lectures, one-on-one drills, take written exams, and practice for several hours each day. *Are you willing to make this time commitment?*

Home Visits — PSD staff may visit your home within the first three (3) months after you graduate with your dog. *Are you okay with someone coming to your home to watch you interact with your dog?*

Bimonthly Reports — PSD requires a written report on your service dog every other month. We will supply the form. It is not very long, but we do expect and require you to return the form each time. *Are you committed to filling out these forms every other month?*

Working Dog = Working Human — Our dogs are extremely well trained and have received thousands of hours of training; however, you must be willing to maintain these skills through daily practice. *Are you willing to work with your dog every day for the rest of the dog's life? Do you have the time and patience?*

Home Environment / Community — Having a service dog will greatly affect those in your household, your friends, and your coworkers. Please consider how those around you will react to you having a service dog.

Do you have the space in your house for a dog? Do you have the space/ability to provide adequate exercise? What public places do you visit? According to the ADA (American Disabilities Act), you have the legal right to have the service dog with you wherever you go, but you can expect to be challenged from time to time. How will you react to that? Are you willing to patiently explain and defend your rights?

Are you ready and willing to be a walking billboard for Patriot Service Dogs? Please always present yourself in a positive light while out in public with a service dog. At no time during the working life of the service dog will he/she wear anything but approved Patriot Dog Service vest or harness except for when he/she is not working. Anytime a picture is taken for publication, the dog will always be dressed in his/her Patriot Service Dog cape and will show he/she is a Patriot Service Dog.

Dog Germs — Service dogs are well trained and well mannered, but they are prone to drool, shed, and occasionally vomit or have an "accident" in the house. Proper diet grooming, and exercise can minimize these things, but service dogs are just that – dogs. If you are particularly fastidious and uncomfortable with messes, a dog may not be the best partner for you.

Final Assessment — Weigh carefully the advantages provided by a service dog against the challenges, time commitment, financial responsibilities, and potential problems that a dog may bring into your life. The benefits resulting from a partnership with a service dog can be spectacular, but only if you are willing to do what it takes to maximize them.

I have carefully read and considered this document:

Signature

Date

Printed Name