

APPLICATION FOR SERVICE DOG (Child)



PLEASE PRINT or TYPE CLEARLY

Date _____

APPLICANT Information (Child)

Name _____ DOB: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____

Public or Private School or Home School? _____

Any special accommodations? _____

SDA needs a signed letter from the school giving us permission to talk to them about the child applicant.

Child's medical diagnosis:

Child height _____ Child's weight _____ Child is (circle) Active Moderately Active Inactive

Please include a photo of the child applicant.

PARENT INFORMATION- Mother

Name: _____ DOB: _____ Email: _____

Phone: _____ Work: _____ Cell: _____

Marital Status: Single Married Re-married Divorced Separated

If married, how long? _____

Are you in the military: _____ Please circle one: Active Medically Discharged Honorably Discharged Retired

If medically discharged, diagnosis: _____

Employment: Full time Part time Retired Stay at Home Parent Student

If employed or a student, where? _____ How long? _____

Have you discussed having a service dog with your child's school?

Please give us a school contact Name and Tel. # _____

Are you prepared for the financial and time commitment that a service dog will require? _____

How do you believe a service dog will help your child? _____

PARENT INFORMATION- Father

Name: _____ DOB: _____ Email: _____

Phone: _____ Work: _____ Cell: _____

Marital Status: Single Married Re-Married Divorced Separated

If married, how long? _____

Are you in the Military: _____ Please circle one: Active Medically Discharged Retired

If Medically Discharged, Diagnosis: _____

Employment: Full Time Part Time Retired Stay at Home Parent Student

If employed or a student, where? _____ How long? _____

Have you discussed having a service dog with your child's school?

Are you prepared for the financial and time commitment that a service dog will require? _____

How do you believe a service dog will help your child? _____

PLEASE LIST ADDITIONAL EMERGENCY CONTACTS

Emergency Contact: Name: _____ Phone: _____

Alternate Contact: Name: _____ Phone: _____

Physician: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Child's Diagnosis (use a separate sheet of paper if more space is needed for any question)

What is the primary diagnosis? _____

Are there other medical problems? _____

How does this affect daily living skills? _____

What are his/her limitations? _____

Are there restrictions or precautions as a result of their diagnosis? _____

What type of medical/therapy treatment are they currently receiving?

What medications is he/she taking and what are they for? _____

What types of adaptive equipment do you use (i.e. Wheelchair, hearing aid, cane)?

Household Information

Type of home: Apartment: Y / N House: Y / N Do you: own / rent

Do you have fenced yard? Y / N If not, do you plan to fence the Yard? Y / N

What is your annual family income? _____

Who lives in the home?

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
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Are there pets currently in the household? Please list type/breed of each. Are these pets spayed or neutered? Do they live inside the house or outside?

If one of your pets does not get along with your service dog, are you prepared to re-home your pet? YES NO

Service dog Information:

Most of our service dogs are Labrador Retrievers or Lab mix. Will this breed fit in to your lifestyle? YES NO

What **tasks** do you think a service dog could do to make your child more independent?

What do the other **siblings** think of this child having their own dog?

Will your child be able to feed, exercise, and care for a service dog **without assistance**? YES NO

Is your child **responsible and focused** enough to manage a service dog in public areas? YES NO

Does your child have anger control or impulse issues? (Explain) _____

Do you have any concerns about a service dog's **safety** when they are left alone with your child?

Does your child want a service dog? _____ Why?

Has your child ever bonded with a dog before (like a pet)? YES NO

Is your family willing and able to commit to a Fundraising Goal that matches the type of service dog that you need? YES NO

Are you willing and able to comply with all training and care requirements in the SDA Guidelines? YES NO

Service Dogs Alabama reserves the right to deny services to any applicant who doesn't meet the criteria necessary for placement of a service dog or who requires services not within the guidelines of the organization.

SDA provides a 100% Training Guarantee for a service dog. Dogs must be returned to SDA within 6 months in order to be assigned another trained service dog.

By signing this Application, you agree to allow Service Dogs Alabama to use photos and stories about your child in order to select the best dog for him/her as well as promote the Mission, services, and the fundraising efforts of Service Dogs Alabama.

Please enclose a \$25.00 non-refundable Application Fee.

Signature: _____ Date: _____

Print Name: _____

Attachments to Application: Letter from School, Doctor's Form, 2 References, Fundraising Agreement, \$25.00 non-refundable application fee.

The next step after we receive your Application is to schedule a home visit and family interview.

Please ask your child's doctor to mail the completed form back to us. Your doctor should have been seeing your child for at least one year. This allows for medical confirmation of disability as well as pertinent medical opinion.

The second two FORMs are Reference FORMs to be filled out by a non-family members.

Medical Form for Physician RELEASE OF INFORMATION



I, _____, do consent and request you to supply Service Dogs Alabama with any medical and social information which may assist in determining my eligibility for a service dog.

This information is part of the necessary data to complete my application.

Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Print Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

CONFIRMATION OF DISABILITY AND APPLICANT HEALTH FORM

Applicant: _____

The applicant above has applied for a service dog to assist them in obtaining a higher level of independence and/or emotional stability in regards to any limitations their disability has created. Our agency is a nonprofit organization that trains and places service dogs that assist with mobility/stability impairment, diabetic/ seizure/ fall alert, mental health issues, and developmental disabilities. We do not train or place dogs that would assist with any type of visual impairment.

How long have you been treating this Applicant? _____

What is this Applicant's **physical and mental** diagnosis? _____

Considering the disabilities of the Applicant, is it **safe** to place a service dog with him/her? _____

In what ways do you think that a **dog could be beneficial** to the Applicant? _____

If this Applicant has physical disabilities or conditions that affect and/or limit them physically, what are they? _____

Will this Applicant be able to **care for the needs** for his/her service dogs **without assistance** from others? _____

Will this Applicant be able to **maintain** his/her service dog's **training** without assistance from others?

Is this Applicant responsible enough to have a service dog in **public areas** without supervision?

Please take into account the **safety of the person and the dog**. Please explain in further detail if you have concerns about the placement of a dog with this Applicant.

Are there any special considerations or symptoms we should be aware of in order to train a dog for this Applicant?

Physician completing form (please print clearly): _____

Medical facility: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physician signature: _____ Date: _____

Thank you for your time in filling out this report. Please mail it to the address below. We cannot process the application and provide services without this information.

**Service Dogs Alabama
c/o Ashley Taylor
PO Box 310
Falkville, AL 35622**

Any questions or concerns, please contact Ashley Taylor, by phone: 256-476-7173

LETTER OF REFERENCE

_____ is applying for a service dog from Service Dogs Alabama. Please take a moment to fill out this form and return it to Service Dogs Alabama. Thank you for your timely response.



Name: _____

Phone Number: _____

Address: _____

City _____ State _____ Zip _____

Relationship to the Applicant:

How long have you known the Applicant? _____

How does the disability affect the functional abilities of this Applicant?

Do you think this Applicant has the ability to care for and manage the dog without assistance from others?

Do you feel that this family has the time and financial means to properly care for a working service dog?

Have you observed this Applicant with other animals, how did they interact?

If they have pets, are they well cared for? _____

Do they live inside or outside? _____

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and their service dog!

Please mail to: Service Dogs Alabama, c/o Ashley Taylor

PO Box 310

Falkville, AL 35622

If you have any confidential questions or concerns, please contact Ashley Taylor by phone at 256-476-7173

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4011 Hwy 31 SW

Falkville, AL 35622

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FUNDRAISING AGREEMENT

Name (print) _____

Address _____

Recipient of Service Dog Name _____

I agree to raise 50% of the value of the Service Dog that I (or my child) will receive from Service Dogs Alabama.

Please check the type of dog that you are applying for:

- \$24,000.00 Diabetic Alert Dog or any scent detection dog. (**Type 1 diabetes only**)
- \$20,000.00 Seizure assistance dog
- \$20,000.00 Balance and/or wheelchair assistance
- \$14,000.00 PTSD intervention dog
- \$14,000.00 Autism or psychological intervention dog
- \$4,000.00 Emotional support dogs
- \$6,000.00 Facility dogs

If training is required for multiple disabilities, the Head Trainer along with the Executive Director will make a determination of the value for the type of training needed for the Service Dog which will dictate the final value of the Service Dog needed. For example, a dog trained for PTSD and seizure assistance, or a dog trained for diabetic alert and autism.

Service Dogs Alabama agrees to match your fundraising dollars up to 50% of the value of the dog that you receive, bringing your Fundraising Goal down to half of your dog's value.

All fundraising monies raised with the intent to receive a Service Dog must be donated to the Mission of Service Dogs Alabama if the recipient is to receive a Service Dog from Service Dogs Alabama even if the amount exceeds 50% of the value of the dog.

Once your fundraising Goals have been met (or exceeded), we will assign a dog that is already in training to you (minimizing your wait time). Once your dog has completed training, you will work with a trainer to learn how to give your dog commands, keep your dog working for you efficiently, care for your dog properly, and interact with your dog at home and in public settings.

Recipient or Guardian Signature _____ Date _____

Witness Signature _____ Date _____