



DOGS THAT HELP

SERVICE DOG APPLICATION

Dogs that Help is a 501(c)(3) nonprofit organization that strives to give back to veterans and first responders by providing service dogs to them at little to no cost. We understand the immense improvement in quality of life a trained canine can make. Dogs that Help began in 2016 with the desire to help veterans and first responders within our small community. Now, we have service dogs all across the nation & we could not be more proud of all we have accomplished.

Our service dogs are professionally trained in basic command, AKC Canine Good Citizen Tasks and specialized training based on the needs of the veteran or first responder receiving the dog.

Dogs that Help service dogs are trained two different ways: weekly group training classes conducted by the veteran or first responder with the guidance from our professional dog trainer OR through volunteer training through the students at the local professional dog training schools. The weekly group training classes is typically preferred if the veteran or first responder has the physical ability to train the service dog. Sending a dog to be trained at the local professional dog training schools is volunteer based only and we cannot guarantee a trainer will be immediately available.

ELIGIBILITY

To qualify for a service dog through Dogs that Help, basic criteria is required:

- VETERAN: Be a veteran with an honorable discharge & provide a copy of your DD214
- VETERAN: Possess a VA Disability rating of 50% or higher
- FIRST RESPONDER: You must provide a letter from your Primary Care Provider or Mental Health Therapist verifying your diagnosis and recommendation of a service dog
- You must be actively under the care of a medical professional or mental health therapist for your disability in which you are seeking a service dog for
- Willing to submit to a background check
- Stable living environment of at least 6 months
- Willing to consent to a home visit prior to the placement of a service dog
- Financial ability to provide proper care for the service dog and agree to provide veterinary records to Dogs that Help, if necessary
- No felony conviction, pending criminal charges, current parole/probation, pattern of criminality or animal abuse
- No alcohol or substance abuse
- Commit to attending ALL weekly training sessions and continue at home training



DOGS THAT HELP

SERVICE DOG APPLICATION

YOUR BASIC INFORMATION (Further referred to as "Applicant" and "I")

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE: _____ CAN YOU RECEIVE TEXTS? YES NO

EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

ACKNOWLEDGEMENTS (PLEASE INITIAL)

____ I have the financial means to care for a service dog. This includes, but not limited to basic needs such as food, shelter and routine veterinary visits (annual vaccinations, flea & tick prevention, heartworm prevention, etc.)

____ I understand that if provided a dog through Dogs that Help, I am to provide Dogs that Help with my service dog's veterinary information. If necessary, I am to provide proof of veterinary care to Dogs that Help for the duration of the service dog training program.

____ I have the physical ability to provide adequate exercise for a service dog.

_____ I consent to a criminal background check prior to enrollment in the program.

_____ I agree that if a situation arises where I cannot take care of the service dog, including physical or financial, issues with other pets, etc., I will contact Dogs that Help prior to surrendering or rehoming the dog.

_____ I understand that Dogs that Help service dog training is a minimum of one year. I agree to attend weekly training sessions and continue to conduct training at home with my service dog outside of the weekly classes (if applicable)

_____ I understand that three “no shows” risk being removed from the program. If I cannot attend a day of training, I will contact the trainer as soon as possible to avoid a “no show.”

_____ I understand that if I am provided a service dog through Dogs that Help and removed from the program for “no shows”, conduct, etc., I am to return the dog back to Dogs that Help as aligned in the *Service Dog Contract*.

_____ I understand that I am removed from the class for any reason, I am to responsible for reimbursement to Dogs that Help of any expenses incurred. Fee may include, but not limited to, the value of the service dog, any grants given to the recipient and reimbursement for training costs.

_____ I consent to an initial home visit prior to the placement of a service dog provided through Dogs that Help to mitigate any potential issues, including issues with pre-existing animals in the home, unsafe living conditions, inadequate space for proper exercise, etc.

YOUR VOLUNTARY MILIARY INFORMATION (VETERAN ONLY)

Branch of Service

___ Army ___ Air Force ___ Navy ___ Marines ___ Coast Guard

Your VA Disability Rating

___ 50% ___ 60% ___ 70% ___ 80% ___ 90% ___ 100%

YOUR VOLUNTARY MEDICAL INFORMATION

Your Primary Diagnosed Disability

___ PTSD ___ TBI ___ MST ___ OTHER: _____

Describe how your disability affects your life and level of independence.

What is your ultimate goal with having a service dog?

What tasks or skills would you like your service dog to do for you?

Mandatory weekly training is on Tuesdays at 5pm at Piasa Armory, 3685 E. Broadway, Alton, IL 62002. If you are unable to commit to weekly training sessions and would like your service dog to be considered for the volunteer professional dog training, please explain why.

YOUR VOLUNTARY HOME DEMOGRAPHICS

What type of home do you live in?

House Apartment Mobile Home Other: _____

Do you rent your home?

Yes No

If yes, please list your landlord's name & phone.

NOTE: Be sure to notify your landlord prior to receiving your dog. Your service dog in training does not qualify under the Fair Housing Act (FHA).

How long have you lived at your current residence?

_____ years _____ months

On average, how long are you out of your home daily?

_____ hours

Besides you, who else resides in the home? (if children, please include ages)

Are there other pets in the home? If yes, please list type, breed, age, gender & if the pet is spayed/neutered.

Yes No

Does your home have a fenced yard, enclosed area or space for the dog to exercise?

Yes No

FINAL ACKNOWLEDGEMENTS

Please understand, completing this application does not guarantee a service dog or entry into the Dogs that Help Service Dog Training Program. Acceptance is at the sole discretion of Dogs that Help. Once the complete application is received by Dogs that Help, the application will be reviewed by the Dogs that Help Application Committee. A representative of Dogs that Help will contact you with the approval or disapproval of your application and you will be moved onto the next

step, dog placement. If you have any questions, send an email to connie@dogsthathelp.org.

***Dogs that Help does not need Applicant's full social security number on any forms provided for application and verification.** It is the Applicant's responsibility to ensure that Dogs that Help is not provided Applicant's full social security number. Please ensure that any document that is provided to Dogs that Help has the Applicant's social security number redacted EXCEPT FOR THE LAST FOUR (4) DIGITS.

Dogs that Help is not in the business of hosting, processing or storing Applicant's personal data. As such, Applicant will not provide Dogs that Help any personally identifiable information, protected health information or other structured personal information as defined by applicable data protection laws (collectively "Protected Data"). If Applicant inadvertently provides Dogs that Help with Protected Data, Applicant will notify Dogs that Help, at which point Dogs that Help will take subjectively reasonable measures to not disclose Protected Data until such time as it can be, at Applicant's direction and expense, returned or destroyed.

PLEASE MAIL THIS APPLICATION, A COPY OF YOUR DD214 (IF APPLICABLE) AND LETTER OF RECOMMENDATION FROM YOUR MEDICAL PROFESSIONAL (IF APPLICABLE) TO:

**DOGS THAT HELP
PO BOX 64
WATERLOO, IL 62298**

FULL NAME (PRINTED): _____

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY

COMMENTS:

SIGNATURE: _____

LUKE REINHOLD, PRESIDENT