

Pawsitive Action

Assistance Dog Application

Contact Information

Your name: _____ Male Female
Street Address: _____
City: _____ State: _____ Zip: _____
Your email address: _____
Cell number: _____ Home Phone Number: _____
Applicant's Birth Date: _____ Check if under 18 and obtain parental consent

Parental Consent (if a minor)

Parent(s) Name(s): _____ I/We approve
Parent Email address: _____
Cell number: _____ Home Phone Number: _____

Veterans

If you are a U.S. Veteran, please complete the sections titled "Veteran Documentation", "Veteran Status", "Veteran Support" and "Veteran PTSD Symptom Checklist." **Funding is available for U.S. Veterans.** If you're not a veteran, please skip to the section titled "Needs & Personal Information."

Veteran Documentation

Please provide each of the following:

- Legal Photo Identification
- Veteran Health Identification Card (VHIC)-if applicable
- DD214 or NGB 22 (Discharge Documentation) (County VSO can assist with acquiring)
- VA Disability Rating Decision Letter (County VSO can assist with acquiring)
- Sign a Power of Attorney for Veteran Claims with County VSO
- Mental Health Physician Letter of recommendation or most recent Mental Health Assessment from Mental Health Physician

Veteran Status

Date of Disability: _____
Branch, Rank, Medals of Honor: _____

Is your disability a Service-Related (Active Duty) Injury? Yes No

Did you receive an honorable discharge? Yes No

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Define Disability (please be specific): _____

Cause of Disability (please be specific): _____

Define Specific Need for an Assistance Dog (please be specific): _____

Veteran Support - Primary Sponsor (Spouse/Partner/Dependent)

Name: _____ Years known: _____
Phone Number: _____ Email: _____
Relationship to Veteran: _____

Veteran PTSD Symptom Checklist

Please check all that apply:

- Having nightmares, vivid memories or flashbacks
- Feel emotionally cut off from others
- Feeling numb or losing interest in things you used to care about
- Becoming depressed
- Think you are always in danger
- Feel anxious, jittery or irritated
- Have difficulty sleeping
- Substance abuse
- Have a hard time relating to, or getting along with spouse, family or friends
- Trouble staying focused
- No PTSD symptoms present

If there are other behaviors that are affecting you negatively, please explain below: _____

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Needs & Personal Information

Your Primary Doctor's Name: _____

Your Primary Doctor's Contact Information: _____

Primary Disability: _____

Effects of Disability/ies: _____

Is your mobility or coordination limited? If so how? _____

How long have you lived with your current disability/ies? _____

Describe any hospitalizations you have had in the last three years: _____

Describe your own current activity level: Low Moderate High

Do you have a healthy support group to help you through difficult times? Yes No

What activities do you most enjoy? _____

Describe a typical day in your life: _____

What are your hopes and fears receiving and living with an Assistance Dog? _____

Are you presently: Student Employed Unemployed Other _____

Have you discussed this application with your employer and/or school and are they supportive of the idea of you always having an Assistance Dog at your side? Yes No

Have you applied with other Assistance Dog Organizations? Yes No

Are you willing and able to attend weekly classes at our location in St. Cloud required to certify your dog as a fully-trained Assistance Dog? Yes No

Are you able to financially support and provide food, shelter, water, toys, equipment and medications to the PAF Certified Assistance Dog, if selected as a recipient? Yes No

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Are you willing and able to attend required ongoing monthly classes, outings and annual exams to maintain your dog's certification as a fully-trained Assistance Dog? Yes No

Home Environment

I/We live in a... Single-family home Condo Apartment Other: _____

Is your yard fenced? Yes No

Describe your neighborhood (i.e. downtown, suburban, rural, busy street, etc.) _____

List the individuals who live in your home (name, gender, and age) _____

Do all members of your household support you having an Assistance Dog? Yes No

Do any members of your household smoke cigarettes or other substances? Yes No

Are there other individuals with disabilities in your home? Yes No If yes, describe: _____

What time do you wake up? _____ Go to work _____ Go to sleep _____

If you receive a PAF Assistance Dog, where would the dog relieve itself? _____

What exercise would you provide the dog? _____

List the other animals in your home (name, type/breed and age) _____

Does anyone living in your home have a fear of dogs? Explain: _____

Are there any individuals in your home who are allergic to dogs? Yes No

Referral

How did you learn about Pawsitive Action? Web Friend/Agency: _____

Basic Policy and Process

Pawsitive Action was established in 2008 and began placing assistance dogs with veterans and individuals with limited abilities in 2013. Clients will remain in good standing by participating in ongoing training opportunities and successfully progressing and/or renewing their full access certification. Pawsitive Action makes no promises to the placement or selection of any individual who has applied for a PAF Assistance Dog. We work with everyone on a case-by-case basis but do not train dogs for hearing, sight or diabetic alert. Due to funding and grant restrictions, the needs of the individual applicants and the intense training required of a fully-trained assistance dog, only a limited number of PAF dogs are placed each year.

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DRUG AND ALCOHOL: No illegal drugs are permitted on the property, nor shall those under the influence be allowed to remain on the premises. We reserve the right to remove and ban any person violating this policy. Alcohol, unless served by Pawsitive Action for some event, may not be carried on one's body, nor consumed on site. No excess of drinking or drunkenness will be tolerated on the premises. **Please respect the fact that Pawsitive Action is a family-friendly environment.**

I AGREE

In addition to this form, please submit the following:

- Legal Photo I.D. (school identification, driver's license, passport, military I.D.)
- Letter from a Medical Professional stating how and why their patient would benefit from having an assistance dog.
- Two letters of recommendation from (a) spouse, friend, or relative; and (b) teacher, employer or military supervisor

Signature: _____

Date: _____