



Service Dog Training Application

Please use the following as a check list for your application

- Part 1: The completed application form
- Part 2. Completed HIPAA Privacy Authorization Form
- Part 3. Client Service Fee Schedule
- Part 4. Completed Professional Assessment Letter from primary health care and mental care providers
- Part 5. Your autobiography
- Part 6. A video of your residence including indoors as well as outdoors
- Part 7. Two letters of reference and one letter of reference from a close family member or your caretaker
- Part 8. \$25 processing fee



Service Dog Training Application

Eligibility for our program will be determined on the following criteria:

- Does the type of dog requested fall into our scope of practice/limitations?
- Based on the client's needs, is it likely that we can locate a dog within a reasonable amount of time?
- Is the client realistic and will accept our application, training, placement and follow-up procedures?
- Is the client (or family) able to properly and adequately care for a dog?
- Is the client willing and able to provide for the dog's physical, emotional and financial needs?
- Does the client live in an environment that is safe and suitable for a dog?
- Does the client demonstrate a desire to work with and partner with DogKnows Training?
- Does the Client have a positive, "will do/can do" attitude and no anger management problems?
- Does the Client agree to follow DogKnows and IAADP's standards of care and ethics for working dogs, including adhering to all exercise, health, and training regimens?
- Will the Client commit to maintaining the training level of the dog and give it the opportunity to use its skills?
- Will the Client be available to participate in ongoing follow-up visits and training for the lifetime of the partnership?

After receiving and approving your application, an interview will be scheduled with our Student Coordinator. The interview will take place before your first assessment. The DogKnows Team will approve or deny your request to be placed on our waiting list, based on whether we think we can make an appropriate match with a dog. *A background check may be conducted.*

The next phase in the application process is an assessment which involves introducing you to various dogs at several adoption facilities. Our Canine Trainer will introduce you to a variety of pre-selected dogs and give you different experiences for you to gather information you will need about that particular dog. We will take photos and videos of your introductions and experiences to help you with your choices. If you find the dog you want to work with, we will then help you through the adoption process within that facility. If you do not select any of those dogs, we will then work with you three more times to help find the right dog. Dogs may be assessed with several applicants to determine the best fit. You will be responsible for your own travel, lodging and meal expenses while attending this assessment.

Once an appropriate match is made and accepted by you, specialized team training begins. Applicants will then learn about dog handling, care and training. You will be encouraged to read books from our Canine and Student Coordinator's recommended list and attend training classes. Team training is generally begun after a time determined by our Canine Coordinator to help solidify bonding between you and the dog. It takes a year of intensive training for students to learn to train, work with and care for their DogKnows dogs. Except for necessary caretakers, applicants attend team training alone to minimize distractions and maximize the opportunity for bonding with their dogs. Applicants are responsible for their own travel, lodging and meal expenses while attending team training.

Once partnered, you will be required to attend your graduation ceremony and participate in all follow-up procedures to ensure a continued successful working relationship with your dog. Follow-up lasts for the working lifetime of your dog. To ensure that our teams are set up for success, we require participation in follow-up visits at 3, 6, 9 and 12 months and then annually thereafter (or more frequently if work is needed). Written progress reports must be emailed or mailed to DogKnows monthly for the first six months after graduation.

We believe our graduates should be active associates with DogKnows throughout the life of their dog, as you are able to help us, with outreach activities. We believe in the "pay it forward" approach and your support as our client assures that others will be able to train their service dog. Our partnership with the International Association of Assistance Dog Partners requires us to keep records current, so we also expect clients to maintain good communication with us and help us in fulfilling these requirements.

I have read and understand the eligibility and application process information:

Client name (sign):

Client name (sign):

Date:



Service Dog Training Application

Please review the application instructions before completing this form. Your application will be reviewed and an interview will be scheduled when all of your information has been received.

Part 1: Personal Information

Your Information

Date: _____ Referred by: _____

Last Name: _____ First Name: _____ MI: _____

Birthdate: _____
MM/DD/YYYY

I identify my gender as:
 Female
 Male
 Non-binary
 Prefer to self-describe

 Prefer not to say

I identify my ethnicity as:
(Select all that apply)
 Black/African
 Caribbean
 Caucasian
 Hispanic/Latinx
 Native American
 Pacific Islander
 South Asian
 East Asian
 Prefer not to answer

My marital status is:
 Single
 Married
 Partnered
 Divorced
 Widowed

Street Address: _____ Apt/ Suite: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Employer: _____ Occupation: _____

Have you ever been charged, arrested, or convicted of any offense or crime? If yes, please explain on a separate sheet and attach. *This is not automatically disqualify you for the program.* Yes No

Caregiver (If Needed):

Caregiver Name: _____ Relationship: _____

Street Address: _____ Apt/ Suite: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Military Personnel:

Branch of Military Service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corp <input type="checkbox"/> Coast Guard	Character of Discharge: (For Non-Active Duty Personnel, please attach a copy of your DD-214) <input type="checkbox"/> General Discharge <input type="checkbox"/> Honorable Discharge <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Discharge <input type="checkbox"/> Other Than Honorable Discharge <input type="checkbox"/> Currently Active Duty
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Service Dog Training Application

List the people living in your home, including their age and relationship to you

Name: _____ Age: _____ Relationship to you: _____

Describe any animals (pets or livestock) that are part of your household:

Have you ever had dogs before? Was it a positive experience? Describe what breeds they were and how old you were.

Yes (Explain) No

Have you ever rehomed a pet? If so, what was the reason?

Yes (Explain) No

If you have a dog now, would you be willing to give up your present dog if it cannot get along with a DogKnows dog?

Yes No (Explain)

If your current pet dog is not well-mannered, are you willing to train your dog before you begin training your DogKnows dog?

Yes No (Explain)

Are you able to afford a minimum of \$1200 a year for the upkeep and care of your service dog?

Yes No (Explain)

Are you able to provide daily exercise for your service dog?

Yes No (Explain)

Are you able to take your service dog out multiple times throughout the day for bathroom breaks?

Yes No (Explain)

Are you able to have your service dog bathed and groomed as specified by our DogKnows Groomer?

Yes No (Explain)

Are you able to practice and physically train with your service dog on a daily basis?

Yes No (Explain)

Is anyone in the household allergic to dogs?

Yes (Explain) No



Service Dog Training Application

Does your current living situation have:

(Select all that apply)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	A fenced yard?	If yes, how high are the fence pickets?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If your fence is in need of repair, will you be willing to put up secured area before you begin training?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	An enclosed outside area?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dog friendly park or yard nearby?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neighbors in close proximity?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	An upper level floor where people are below you?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Near or right on busy streets?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neighborhood dogs running loose?	

Do you:

(Select all that apply and indicate the number of hours/week)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work/volunteer outside the home?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Work/volunteer from the home?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Attend school (~ credit hours per quarter/semester)?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shop
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Exercise or have PT outside the home?

Do you have any of the following psychological conditions or disorders as diagnosed by a psychiatrist or psychotherapist? (Check all that apply)

<input type="checkbox"/> Agoraphobia
<input type="checkbox"/> Anxiety
<input type="checkbox"/> Bipolar
<input type="checkbox"/> Depression (chronic or clinical)
<input type="checkbox"/> Dissociative Tendencies
<input type="checkbox"/> Obsessive Compulsive Disorder
<input type="checkbox"/> Panic Disorder
<input type="checkbox"/> Post Traumatic Stress Disorder
<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Social Phobia
<input type="checkbox"/> Other (please describe)

Do you have frequent or persistent problems with any of the following, even if not diagnosed by a psychiatrist or psychotherapist? (Check all that apply)

<input type="checkbox"/> Anger	<input type="checkbox"/> Moodiness
<input type="checkbox"/> Apathy	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Crying	<input type="checkbox"/> Nightmares
<input type="checkbox"/> Disorientation	<input type="checkbox"/> Panic
<input type="checkbox"/> Fearfulness	<input type="checkbox"/> Restlessness
<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Sadness
<input type="checkbox"/> Insomnia/Difficulty Sleeping	<input type="checkbox"/> Social Withdrawal



Service Dog Training Application

Handler training lasts 2-4 hours every week up to 6 months. These sessions take place in various places such as your home, parks, shopping malls, restaurants, etc. to practice training in real-life situations with distractions. Training can be physically and mentally draining and requires patience while learning to work as a team with the service dog. It takes practice and dedication on the part of the handler to reinforce the training the dog. Please list any problems the disabled party or handler may experience with handler training.

Have you, or other resident in the home, reacted violently during a flashback, or at other times kicked, hit, bit, or pinched people or animals within the last 6 months?

Have you disassociated while you were walking indoors or outdoors, where you suddenly become unaware of your surroundings? If so, please explain in detail.

If you suffer from panic/anxiety attacks, or flashbacks, can these episodes be interrupted if another person touches your arm?

Please describe your home life, and any problems you may have in your activities of daily living:

Describe your mental health disorder as you understand it:



Service Dog Training Application

How long have you had your mental health diagnosis?

Have you been compliant with your treatment & therapy?

List any medications you are currently taking:

Name of Medication	Dosage	For how long?

DogKnows dogs are trained for many tasks. Please check all that would apply to your needs:

- | | |
|--|--|
| <input type="checkbox"/> Arouse from fear paralysis or dissociative state | <input type="checkbox"/> Increase safety for partner in public |
| <input type="checkbox"/> Assist to leave an area by finding an exit | <input type="checkbox"/> Prevent or reduce emotional overload |
| <input type="checkbox"/> Assist to rise & steady | <input type="checkbox"/> Provide an excuse to leave an upsetting situation |
| <input type="checkbox"/> Backpacking medical supplies and information | <input type="checkbox"/> Provide balance assistance on stairs |
| <input type="checkbox"/> Break the spell and sedative side effects | <input type="checkbox"/> Provide deep pressure for a calming effect |
| <input type="checkbox"/> Bring medication to alleviate symptoms | <input type="checkbox"/> Provide tactile stimulation to disrupt overload |
| <input type="checkbox"/> Bring the emergency phone during a crisis | <input type="checkbox"/> Reduce hyper-vigilance through teamwork |
| <input type="checkbox"/> Crowd control in public | <input type="checkbox"/> Summon help from a designated person |
| <input type="checkbox"/> Deliver a card to someone their partner points to | <input type="checkbox"/> Wake up human partner for work or school |
| <input type="checkbox"/> Harness work with ambulatory partner | |



Service Dog Training Application

Part 2. HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164) **

1. Authorization

I authorize _____ (healthcare provider) to use and disclose the protected health information described below to **Keri M. Foreman, DogKnows Service Dogs** (individual seeking the information).

2. Effective Period

This authorization for release of information covers the period of healthcare from:

_____ to _____.

OR

b. all past, present, and future periods.

3. Extent of Authorization

I authorize the release of my complete health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

OR

I authorize the release of my complete health record with the exception of the following information:

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Other (please specify): _____

4. This medical information may be used by the person. I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct. *Initials of patient:* _____

5. This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires. *Initials of patient:* _____

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

Initials of patient: _____

7. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization. *Initials of patient:* _____

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. *Initials of patient:* _____

Signature of patient or personal representative

Printed name of patient or personal representative

Date



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Part 3: Client Service Fee Schedule

Please read carefully and return a signed copy of this with your application packet.

DogKnows client/dog matching program is a three-stage process. Payment is due at the beginning of each stage unless otherwise arranged.

Initial Assessments and Evaluation: \$100

- Application Fee: \$25
- Client Screening Initial Interview (up to 2 hours): \$75 non-refundable

Canine Interview Process: \$450

- Up to 6 dogs interviewed at various pre-screened adoption sites: \$450
- *If a match is not made within the initial interview process, subsequent interviews will be charged at \$75 per visit*

Student Training: \$6,450

- Equipment: \$450
- ADPT C.L.A.S.S. Training Certifications: \$1500
- IAADP Public Access Training: \$1500
- Task Training: \$1500
- Home, Public, and Workplace Training: \$1500

Total Cost: \$7,000

Private Placement: \$12,000

DogKnows offers a private placement for those who are not able or do not wish to travel to the Washington area for training. (Clients will still need to travel to Everett for initial interview and interview process.)

Total: \$12,000 plus expenses

Expenses may include but are not limited to: Air travel, vehicle rental, and accommodations.

Please contact our office for more information for this type of placement.

I have read and understood the client service fee schedule and fundraising information:

Client name (sign):

Client name (sign):

Date:

If you are receiving financial assistance from a third party, please have a representative complete their information below.

Name and Title Company:

Signature:

Phone Number/Contact Information:



Service Dog Training Application

Part 4. Completed Professional Assessment Letter from either a primary health care and/or mental health care provider

For a Psychiatric Service Dog, you must be classified as having a diagnoseable disability. In other words, the person who writes the letter for you must be able to diagnose you.

The disability must be provable through your doctor or licensed mental health counselor, in case you need to file for discrimination against a business. You also will need to be able to get proof that your dog has been properly trained, either through a trainer/school (us), as well as a log of what you've done to train the dog.

You do NOT have to qualify through SSDI (which are the monetary and health benefits you get through social security). You do NOT need to have any sort of a piece of paper proving you are disabled that you carry around with you.

The following is an example of the letter we will need from your doctor or licensed mental health counselor, on their letterhead:

Dr. John Smith, M.D.

123 First Street
Anytown, CA 12345
(888) 456-7890
no_reply@example.com

September 04, 2017

Re: [First Name] [Last Name]

To whom it may concern,

This letter is to validate that [First Name] [Last Name] has a [physical/mental] disability as defined by the ADA. I certify that a service dog is required by this person [to function in their daily life/for treatment/to assist with their disability]. [First Name] [Last Name] is under my care as a licensed [profession here]. My license is currently valid and was issued by [State/jurisdiction] on [date] and is for [license type].

Best regards,

[signature]

Dr. John Smith, M.D.
Medical Doctor, ABC Clinic



Part 5. A short autobiography so we can get to know you better!

Please tell us about yourself and why you want a service dog.



Service Dog Training Application

Part 6. A video of your residence including indoors as well as outdoors

Using your smart phone or other video recording device, please take a video describing your home and all the room as well as the front and back yards of your home. You can email the video to us @dogknowssdg@gmail.com

Part 7. Two letters of reference and one letter of reference from a close family member or your caretaker.

We need three total letters of reference, two from people who know you well (not related) and one that can be either from a close family member or your caretaker.