



Please check which applies to you:

Mobility

PTSD

Did you serve **in a combat zone deployment?** Y / N

Desert Storm – Present

Pre-Desert Storm

Application Process for Veterans with Service Connected Disabilities

1. Eligibility: We are currently focusing primarily on applications from veterans who served during Desert Storm to present for fully certified Service Dogs. [All era of veterans are welcome to apply and will be considered on a case by case basis.](#) Social companions are also available for all era Veterans. These dogs can be very helpful within the home but **DO NOT** have public access.
2. Please type or print clearly with **blue or black ink only**. We will not accept applications from veterans that have more than one pet. **Note that we perform a background check on all applicants.**
3. Complete Application:

Part 1: Personal Information

- A copy of the veteran's DD-214 (to include blocks 23 thru 30)
- Veteran Affairs compensation letter (Annual award letter will be sufficient)
- Two references **Letters** are required.
 - Applicant must provide letters from two individuals who have agreed to provide support to the service dog team. These individuals have access to the assistance dog program 24/7 and agree to provide an immediate and temporary home for the dog should an emergency arise. These letters must be signed by the references themselves and the letter must contain their name, phone number, and address of reference.

Application and supporting documents can be mailed to:

Patriot PAWS Service Dogs

254 Ranch Trail

Rockwall, TX 75032

Fax: 972-772-3284 or Scan/Email: veterans@patriotpaws.org

Part 2: Medical History

- **Medical History must be completed by the applicant's Medical or Mental Health Provider**
Part 2 Medical History will not be accepted by any source other than Provider's Office.
PLEASE NOTE: APPLICANT'S DISABILITY MUST BE SERVICE CONNECTED, AND NOTED AS SUCH IN THE MEDICAL HISTORY PORTION OF THE APPLICATION.

IF you are applying for a PTS Dog, a Letter explaining the individual combat stressor including Dates of the occurrence must accompany this application.



Part 3: **Facility Visit**

- The applicant physically visits the Patriot PAWS Training Center in Rockwall, TX. If a facility visit is not feasible, the applicant must contact Patriot PAWS and speak to the Veteran Coordinator who will discuss, in detail, the applicant's options.
4. Patriot PAWS will only review complete applications. A complete application is one that includes all the above requirements. A representative of Patriot PAWS will contact the applicant to clarify any issues, answer any questions, and advise the applicant of the next step in the process.
 5. 30-60 days prior to receiving a service dog; an **in-home visit** must be completed. This involves a Patriot PAWS representative physically visiting the applicant's home to meet with the applicant and any other individuals and/or animals that reside within the applicant's home. The visit generally lasts anywhere from 1-2 hours and will be scheduled by a Patriot PAWS representative at the availability of Patriot PAWS and the applicant.
 6. Please note, sending in the application *does not mean the applicant is automatically approved. The application **MUST** go before a committee and if successful the applicant is tentatively approved. It is crucial that the applicant send in all the items needed by Patriot PAWS, and understand that the application process, from time of approval to placement, can take 3+ Years or more.*
 7. Once a service dog is determined appropriate for the applicant, the applicant must be financially able to travel to Texas and afford accommodations during the transitional training phase with the service dog (Approximately 14 days). Patriot Paws does not provide such things as attendant care, transportation, etc. during this period.
 8. Patriot Paws Service Dogs considers all applications regardless of race, sexual orientation or religion. The respect and dignity of our countries veterans are of paramount concern. Additionally your branch of service, term of service and disability rating are for informational purposes only and are not factors used to determine eligibility for a service dog.

Pre- Qualifying Questions

- Are you willing to Attend a (14) day training at one of the Patriot Paws Service Dogs training facilities in Texas, at your own expense? (Circle) Y / N*
- Are you willing to wait 3+ years in order to receive a service dog? (Circle) Y / N*
- Are you financially able to cover the expense of a service dog? (Vet visits, Food, Etc.) (circle) Y / N*
- Are you willing to submit to a background check? (circle) Y / N*



Please use the following checklist to ensure all required items are completed and sent to Patriot PAWS Service Dogs.

- Part 1: Personal Information** — complete and sign
- Media Release** — complete and sign
- Acknowledgement** — complete and sign
- HIPAA Authorization for Release of Information** — complete and sign
- Two References Letters:** (signed support team commitment letters)
- DD-214** (to include blocks 23 thru 30).
- Part 2: Medical History** — sign **Provider's Release**
- PTSD Letter of specific Stressor including Dates.**

Questions regarding this process may be submitted via email to Patriot PAWS at: veteran@patriotpaws.org or via phone: 972-772-3282.

PLEASE BE ADVISED:

It is the policy of Patriot PAWS that if a service dog is to be placed in a home where more than one pet is present, **we reserve the right to deny placement.** We must make sure the service dog team will be successful.

Because of our policy, we encourage you to also apply with other agencies.



Service Dog Application for Disabled Veterans

PART 1: PERSONAL INFORMATION

This part of the application (pg. 4-6) is to be completed by the applicant applying for a Service Dog.

PERSONAL INFORMATION

Today's Date: _____ Referred by: _____

Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ Gender: (Circle) M F Weight: _____ Marital Status: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Email Address: _____

Branch of Service: _____ Term of Service: _____ Rank: _____ Veteran Affairs Disability Rating: _____

Please note, branch of service, term of service, rank, and disability rating are for informational purposes only and [are not factors used to determine eligibility for a Patriot PAWS Service dog.](#)

DEMOGRAPHICS

Nearest Relative/Caregiver: _____

Relationship to applicant: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____



VETERAN STATUS

Date of Service Connected Disability: _____

EQUIPMENT REQUIRED (Please Check All That Apply)

Wheelchair – Manual: Power: Both: Hearing Aid: Crutches: Cane: Walker:
Prosthesis: Wrist Brace: Leg Brace: 3-Wheel Electric Scooter: None

Other: (*Specify*) _____

Define Disability (please describe the exact disability you want to service Dog to help with):

Cause of Disability (please be as specific as you can, *military service is not a specific cause*):

Define Specific Need for a Service Dog (please be as specific as you can):



HOME ENVIRONMENT

Please give the names and ages of people living in the home and/or taking care of the disabled veteran on a daily basis.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Of Pets: _____ (Specify type and breed) _____

Fenced Back Yard: (Circle) Y N If NO fenced yard, please explain location for exercise:

EQUIPMENT REQUIRED

Please check all equipment you use:

Wheelchair – Manual Power Both Hearing Aid Crutches Cane Walker Prosthesis
Wrist Brace Leg Brace 3-Wheel Electric Scooter None

Other: (Specify) _____

STRENGTH ASSESSMENT

Rate your physical strength on a scale of 1 to 10 (1=Least and 10=Most). For example, if you have severe difficulty grasping a tennis ball, please put 1. If you have no difficulty grasping a tennis ball, put 10.

Right Hand: ____ Left Hand: ____ Right Arm: ____ Left Arm: ____ Right Leg: ____ Left Leg: ____ Upper Body: ____

By signing the below block, I am ensuring that all the information I have provide is true and accurate to the best of my knowledge and further understand that falsifying any portion of the Application or future correspondence to Patriot Paws Service Dogs will result in the immediate termination of my application process.

Applicant Signature: _____ Date: _____



MEDIA RELEASE STATEMENT

Patriot PAWS Service Dogs periodically uses electronic and traditional media (i.e. photographs, video, audio, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to Patriot PAWS and its designees to use such reproductions for educational and publicity purposes in perpetuity without further consideration for me.

I understand that I will need to notify Patriot PAWS Service Dogs if any changes to my situation occur that will impact this media release permission.

I have read the above release and am aware of its contents.

Applicant Signature: _____ Date: _____

Print Applicant Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Witness Signature: _____ Date: _____

Print Witness Name: _____



ACKNOWLEDGEMENT

Patriot PAWS Service Dogs is a non-profit organization and relies on donations in order to place our service dogs. It takes approximately two and a half (2 1/2) years to train a service dog and the cost to the Veteran recipient is \$0. Due to each dog trained costing up to \$38,000, Patriot PAWS must have the best interest of the service dog in mind when placing that service dog with an applicant.

Applicants are not required to participate in any fundraising or public relations activities without their expressed and voluntary involvement.

Therefore, Patriot PAWS Service Dogs reserves the right to deny an applicant at any stage of the process in acquiring a Patriot PAWS Service Dog. We also reserve the right to remove a placed dog from a recipient if it is deemed necessary by staff.

Additionally, if the recipient should pass away within the first three years of the service dog's placement, the service dog must be returned to Patriot PAWS within thirty days.

While Patriot PAWS does not anticipate any of the above-mentioned problems, we must inform all applicants of these possibilities.

Applicant Signature: _____ Date: _____

Print Applicant Name: _____

Witness Signature: _____ Date: _____

Print Witness Name: _____

PROMISE OF PRIVACY TO APPLICANT'S PERSONAL HEALTH INFORMATION (PHI)

Patriot PAWS is fully committed to compliance with HIPAA guidelines, located at www.HHS.gov, by:

1. Providing appropriate security for our service dog applicant's (Applicant) PHI.
2. Protecting the privacy of our Applicant's medical information.
3. Providing our Applicant's with proper access to the medical portion of their application.
4. Appropriately maintaining our Applicant's information in compliance with national standards.

If you ever have any questions or concerns regarding an Applicant's PHI please bring them to the attention of the Compliance Officer (Terri Stringer) at Patriot PAWS.



PART 2: MEDICAL HISTORY

(The required medical Form will be sent to the Medical Provider from Patriot Paws Service Dogs. Please ensure your provider is aware of your request and looking for the document from our office)

Applicant/guardian must be provided with a signed copy of this authorization form

The [Provider's office will send the form sent to them directly to Patriot PAWS](#) using the contact information on page

1. Patriot PAWS Service Dogs may request specific vital information pertaining to the applicant's medical condition/disability.

Many disabled veterans suffer from Post-Traumatic Stress Disorder along with depression, and the service dog plays a crucial role in the emotional stability of the veteran resulting in lifelong companionship. Some dogs are trained specifically for this purpose.

MEDICAL OR MENTAL HEALTH PROVIDER RELEASE

Name of Provider: _____

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

Applicant Name (*Please Print*): _____

Applicant Signature: _____ Date: _____

MEDICAL OR MENTAL HEALTH PROVIDER CONTACT INFORMATION

Provider Name: _____ Specialty: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: (_____) _____ - _____ FAX: (_____) _____ - _____