



## Service Dog Application Process for Veterans

1. Eligibility: **ALL** era, branch, and component(s) of Veterans are welcome to apply and will be considered on a case-by-case basis for a fully certified service dog. Social companion dogs are available as well. Social companions are very helpful within your residence but **DO NOT** have public access.
2. We will be performing a background check on all applicants, applying for a service dog.
3. Complete this application, please type or print, clearly, in black or blue ink.

### Part I: Personal Information—

- A copy of your DD214, or equivalent for reserve component Veterans, (to include blocks 23 thru 30).
- Veterans Affairs (VA) compensation letter (annual award letter/disability rating will be sufficient) \*found on e-benefits\*.
- Two references letters are required (professional or personal).
  - Applicant must provide letters from two individuals who have agreed to provide support to the service dog team. These individuals have access to the training staff, as needed, and agree to provide an immediate and temporary home for the dog should an emergency arise. These letters must be signed and mailed by the references, themselves, and the letter must contain: their name, address, phone number.
  - **Application and Supporting Documents can be mailed to:**

Patriot PAWS Service Dogs

c/o Veteran Coordinator

254 Ranch Trail

Rockwall, TX 75032

Fax: 972-772-3284 or scan/email: [veterans@patriotpaws.org](mailto:veterans@patriotpaws.org)

### Part II: Medical History—

- Medical History must be completed by the Veteran's medical or mental health provider. *Part II Medical History will not be accepted by any source other than medical provider.*



**PLEASE NOTE: APPLICANT'S DISABILITY MUST BE SERVICE CONNECTED AND NOTED AS SUCH IN THE MEDICAL HISTORY PORTION OF THE APPLICATION.**

## Part III: Facility Visit—

- The Veteran physically visits the Patriot PAWS Training Center in Rockwall, Texas. If a facility visit is not feasible the applicant will/must contact Patriot PAWS Veteran Coordinator who will discuss, in detail, the Veteran's options.
4. Patriot PAWS will only review completed applications. A complete application is one that includes **ALL** the above documents. A representative of Patriot PAWS will contact the Veteran to clarify any issues, answer any questions, and advise the Veteran of the next step in the process.
  5. Sending in an application does **NOT** mean you are automatically approved. Your application will go before a committee and if successful the Veteran 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. We ask you to stay in contact with us, monthly, during this process.
  6. Approximately 30-60 days prior to tentatively receiving a service dog, an **in-home visit** will be completed. The following will be involved: Patriot PAWS representative (physically visiting Veteran's home, meeting with Veteran and any individual(s) and/or animals that will be in constant contact with the service dog). This 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. Home visit does not guarantee placement.
  7. Once a service dog is determined appropriate, by committee, for the Veteran, the Veteran must be financially able to travel to Texas and provide self-accommodations during the transitional training phase with the service dog. This is approximately fourteen days. Patriot Paws does not provide attendant care, transportation, etc. during this period.
  8. Patriot Paws considers **ALL** applications regardless of age, race, sexual orientation, or religion. The respect and dignity of our country's Veterans are of paramount concern. Additionally, your branch of service, length of service, and disability rating are for informational purposes **ONLY** and 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 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, i.e. 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 I: Personal Information – complete and sign.
- Media Release – complete and sign.
- Acknowledgement – complete and sign.
- HIPAA Authorization for Release of Information – complete and sign.
- Two Referral Letters –signed support team commitment letters.
- DD-214, or equivalent for reserve component Veterans.
- Part II: Medical History – sign Provider’s Release.
- PTSD Letter of specific stressors.

**Questions regarding this process may be submitted via email at: [veterans@patriotpaws.org](mailto:veterans@patriotpaws.org) or 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 that the service dog team is successful.

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



***This part of the application is to be completed by the Veteran applying for a Service Dog.***

## PART I—PERSONAL INFORMATION

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Name (Last, First, MI): \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: (Circle) M F Weight: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse (if applicable): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): (\_\_\_\_) \_\_\_\_\_ Phone (Cell): (\_\_\_\_) \_\_\_\_\_

Text Message: Y or N Email: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Years of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

VA Disability Rating: \_\_\_\_\_ *Please note: Branch of Service, Years of Service, Rank, and Disability Rating are for informational purposes only and **are not factors used to determine eligibility.***

## DEMOGRAPHICS

Nearest Relative/Caregiver: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home): (\_\_\_\_) \_\_\_\_\_ Phone (Cell): (\_\_\_\_) \_\_\_\_\_

## EQUIPMENT REQUIRED (CHECK ALL THAT APPLY)

- |   |                                   |                                      |   |
|---|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> None               | <input type="checkbox"/> Crutches | <input type="checkbox"/> Prosthesis  | <input type="checkbox"/> 3-Wheel Electric Scooter |
| <input type="checkbox"/> Wheelchair (Power) | <input type="checkbox"/> Cane     | <input type="checkbox"/> Wrist Brace | <input type="checkbox"/> Wheelchair (Manual)      |
| <input type="checkbox"/> Hearing Aid        | <input type="checkbox"/> Walker   | <input type="checkbox"/> Leg Brace   | <input type="checkbox"/> Other: _____             |



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

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

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Define Specific Need(s) for a Service Dog:

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In your own words, explain in detail, the individual stressor(s): (what triggers you?)

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**STRENGTH ASSESSMENT—1 =LEAST and 10=MOST**

Rate your physical strength on a scale of 1 to 10. 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 \_\_\_\_ Upper Body \_\_\_\_ Back



**SYMPTOM CHECKLIST (1=mild; 2=moderate; 3=severe; no mark=not present)**

Depressed Mood 1 2 3 n/a      Social Isolation 1 2 3 n/a      Mania 1 2 3 n/a  
 Anger/Irritability 1 2 3 n/a      Negativity 1 2 3 n/a      Hallucinations 1 2 3 n/a  
 Impulsivity 1 2 3 n/a      Anxiety 1 2 3 n/a      Paranoid Ideation 1 2 3 n/a  
 Delusions 1 2 3 n/a      Dissociation 1 2 3 n/a      Obsessions/Compulsions 1 2 3 n/a  
 Other Symptoms: \_\_\_\_\_

History of addiction (substance and/or behavior):

\_\_\_\_\_  
 \_\_\_\_\_

History of Anger Management:

\_\_\_\_\_  
 \_\_\_\_\_

**HOME ENVIROMENT—attach more if needed on separate page**

Please give the name(s) and ages of people living in the same residence of the Veteran on a daily basis.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Pet(s)—Name                      Type/Breed                      Age                      Gender

Home Pet(s)—Name	Type/Breed	Age	Gender

Fenced backyard: (Circle) Y or N If “no” fenced yard, explain location for exercise: \_\_\_\_\_

\_\_\_\_\_

Who is the primary caregiver of family pet(s) (if applicable): \_\_\_\_\_

\_\_\_\_\_

Does anyone in your residence have any concern(s) of having an assistance dog in your/his/her home?  
 Does he/she not want to have a dog in the house? If so, please explain. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_



## MILITARY BACKGROUND—check all that apply (doesn't impact eligibility)

Please check which applies to you:

- CURRENT SERVING    OIF/OEF (2001-PRESENT)    DESERT STORM/SOMOLIA/BOSNIA (1990s)  
 COLD WAR (1945-1989)    VIETNAM (1961-1975)    KOREA (1950-1953)    BEFORE LISTED

Branch of Service: \_\_\_\_\_  Active    Reserve Component

Years of Service: \_\_\_\_\_ Start/End (MM/YY-MM/YY): \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

## MEDIA RELEASE STATEMENT

Patriot PAWS Service Dogs periodically uses electronic, traditional media (i.e., photography, video, audio, testimonial(s) and social media for publicity and/or 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/or publicity purposes in perpetuity without further consideration for me.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

***Signatures will be hand signed and not electronically.***



## ACKNOWLEDGEMENT

Patriot PAWS Service Dog is a non-profit organization and relies on donations to place our service dogs. It takes approximately two and a half (2 ½) years to train a service dog and the cost to the Veteran is **\$0**. Due to each dog trained costing up to **\$35,000**, Patriot PAWS must have the best interest of the service dog in mind when placing that service dog with a Veteran.

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 approve/deny a Veteran 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 (3) years of the service dog's placement, the service dog must be returned to Patriot PAWS within thirty (30) days.

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Signatures will be hand signed and not electronically.***

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

Patriot PAWS is fully committed to compliance with HIPPA guidelines, located at [www.hhs.gov](http://www.hhs.gov) by:

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

**If you have any questions or concerns, please bring them to the attention of our Compliance Officer.**





## HIPPA—AUTHORIZATION FOR RELEASE OF INFORMATION FORM

### Applicant Authorization for Use and Disclosure of Protected Health Information:

By signing, I authorize Patriot PAWS Service Dogs to use and/or disclose certain protected health information (PHI) about me to any business associate Patriot PAWS Service Dogs deems necessary beginning with the application process, including service dog training and placement, and ending with termination with Patriot PAWS Service Dogs.

This authorization permits Patriot PAWS Service Dogs to use and/or disclose the following individually identifiable health information about me:

- All personal health information relevant to relationship between applicant and Patriot PAWS.
- Limited release of information (only as described below): \_\_\_\_\_  
\_\_\_\_\_

I elect to opt out of the release of my personal health information.

The information listed above may be used or disclosed for, but not limited to, the following purpose(s), unless Veteran has elected to opt out of releasing personal health information:

**Media publications, marketing promotions, determination of eligibility, customized training, service dog placement, grant writing, and fundraising purposes.**

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

I do not have to sign this authorization to receive consideration from Patriot PAWS Service Dogs. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to disclosure by the recipient and may no longer be protected by the federal HIPPA Privacy Rule. I have the right to revoke this authorization, in writing, except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the privacy officer at:

**Terri Stringer/HIPPA Compliance Officer, Patriot PAWS Service Dogs, 254 Ranch Trail; Rockwall, TX 75032.**

I acknowledge receipt and understanding of this HIPPA Authorization for Release of Information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Initials: \_\_\_\_\_



## PART II—MEDICAL HISTORY

***The medical recommendation(s), for a service dog, will be sent directly from your medical provider. Please ensure your provider is aware of your request and on medical provider/office letterhead.***

The Provider's office will send the letter, directly to Patriot PAWS, **using the contact information on page 1.** Patriot PAWS Service Dogs may request specific/vital information pertaining to the Veteran's medical condition/disability.

***Many disabled Veterans suffer from Post-Traumatic Stress Disorder (PTSD) 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/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.

Veteran's Name (Please Print): \_\_\_\_\_

Veteran's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL/MENTAL HEALTH PROVIDER CONTACT INFORMATION

Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Signatures will be hand signed and not electronically.***



## FAMILY CARE PLAN—

While we at Patriot PAWS Service Dogs do not impose a problem in your health/life, we would like to know what/who you have planned in case such emergency(s) arise:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_



## FAQs

I was in a Reserve/National Guard component, am I still eligible?

*Yes, your application will be reviewed by a committee and the decision will be made by said committee. You put on the boots, you served your country, and you are eligible.*

What is the cost/expenses during the 14-day training phase?

*The average hotel room costs about \$100/night (don't forget most will give a military/veteran discount). Meals, depending on what you like, varies. Hotels usually have free breakfast, so \$20/day should be good. Plane tickets, gas, rental car(s); all depends on the time you are down for graduation. Start saving now, remember it may take 2-3 years to get to the 14-day training phase.*

Who is my Point of Contact (POC) with Patriot PAWS?

*The Veteran Coordinator's office. You can ask for Zac or any other ambassador to the Coordinator's office.*

Am I placed on a list, like an "order of merit," once approved?

*We like to call it a "pool" instead of a list. We feel like we want to identify and place a service dog with a Veteran with the more immediate need(s) first.*

If I am denied, by the Veteran Committee, to receive a service dog, is there a way I can grieve the decision of the Committee?

*Absolutely. We ask you to write a letter to the Veteran Committee and the Veteran Coordinator will bring it before the next committee meeting.*

Why do you do this for Veterans like me?

*"Because there's a need, and I see the difference it makes."*

*—Lori Stevens; Founder/Executive Director*