



Service Dog Application

- Any Veteran is welcome to apply and will be considered on a case-by-case basis.
- We will be performing a background check on all applicants applying for a Service Dog.
- You can type or write legibly in ink.

Documentation

- A copy of your DD214, or equivalent for Reserve Component Veterans.
- VA compensation letter (Annual Award Letter/Disability rating will be sufficient) *found on e-benefits*
- Two Family Care Plan letters are required(see pg. 8)
- Employer Letter is required
- Medical History must be completed by your medical or mental health provider. Medical History will not be accepted by any other source other than your medical provider.

Application and Supporting Documents can be mailed to:

*Patriot PAWS Service Dogs
C/O Veteran Coordinators
254 Ranch Trail
Rockwall, TX 75032*

Fax: 754-799-3812 or scan/email: veterans@patriotpaws.org

General Information

- Patriot PAWS will only review completed applications. A complete application is one that includes **ALL** requested documentation.
- Sending in an application does **NOT** mean you are automatically approved. Once submitted, your application will go before our Veteran Committee for tentative approval.
- Once tentatively approved, please understand that placement may take 1-3+ years. It is required that you contact the Veteran Coordinators **MONTHLY** during this time.
- If approved, you must be financially able to travel to Texas, and provide your own accommodations for twelve days.
- Patriot PAWS considers **ALL** applications regardless of age, race, sexual orientation, or religion.

In order to ensure that each Service Dog Team is successful, 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.**

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



Facility Visit

- You will be required to visit our Patriot PAWS facility in Rockwall, Texas. If a facility visit is not feasible, you must contact the Veteran Coordinators to discuss other possible arrangements.

Pre-Qualifying Questions:

1. Are you willing to attend a twelve-day training course at one of the Patriot PAWS training facilities in Texas, at your own expense? Y / N
2. Are you willing to wait 3+ years in order to receive a Service Dog? Y / N
3. Are you financially able to cover the expense of a Service Dog, i.e., Vet Visits, Food, etc.? Y / N
4. Are you willing to undergo a background check? Y / N

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

- Personal Information
- Media Release
- Acknowledgement
- HIPAA Authorization for Release of Information
- Two Family Care Plan Letters
- Employer Letter
- DD-214, or equivalent for reserve component Veterans.
- Medical History

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



PERSONAL INFORMATION

Date: _____ Referred By: _____
Name (Last, First, MI): _____
DOB: _____ Gender: 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: _____
VA Disability Rating: _____

EMERGENCY CONTACT

Name: _____
Relationship: _____
Address 1: _____
Address 2: _____ City: _____ State: _____ Zip: _____
Phone (Home): (____) _____ Phone (Cell): (____) _____

EQUIPMENT REQUIRED (CHECK ALL THAT APPLY)

- None
- Wheelchair (Power)
- Hearing Aid
- Crutches
- Cane
- Walker
- Prosthesis
- Wrist Brace
- Leg Brace
- 3-Wheel Electric Scooter
- Wheelchair (Manual)
- Other: _____

Specify the disability/disabilities that you would like a Service Dog to help with:

Explain cause of Disability (be as specific as you can, *“military service” is not a specific cause*):

In your own words explain in detail your individual stressors:



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; Not Present=N/A)

Depression 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	Hallucinations 1 2 3 n/a	Impulsivity 1 2 3 n/a
Anxiety 1 2 3 n/a	Paranoia 1 2 3 n/a	Delusions 1 2 3 n/a
Dissociation 1 2 3 n/a	Obsessions 1 2 3 n/a	

Other Symptoms: _____

History of Addiction (substance/alcohol):

If you selected “3” for any of the above, please explain below:

HOME ENVIRONMENT—Attach separate page if needed

Please give the name and ages of the people living in the same home of the Veteran daily.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Household Pets:

Species	Breed	Age	M/F	Spayed/Neutered

Fenced backyard: Y or N If no fenced yard, explain plan for exercise:

Who is the primary caretaker of household pets:

Are current pets up to date on vaccines and preventions(heartworm/flea/tick) according to your state laws? Y/N

Does anyone residing with you have any concerns about having an assistance dog in your home? Y/N

If yes, please explain:



MILITARY BACKGROUND—Check all that apply

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

Branch of Service: _____ Active Reserve Component
Years of Service: _____ Start/End MM/YY-MM/YY: _____
Pay Grade: _____ Type of Discharge: _____

MEDIA RELEASE STATEMENT

Patriot PAWS Service Dogs periodically uses forms of media (i.e., photography, video, audio, footage, testimonials) for publicity, social media (Facebook, Twitter, Instagram, YouTube, Tik Tok, LinkedIn) and/or educational purposes. By signing, I acknowledge that I have received this document and give permission to Patriot PAWS Service Dogs to use my likeness (including first name, pictures, and video) in the above forms of media.

Signature: _____ Date: _____
Print Name: _____

Witness Signature: _____ Date: _____
Print Name: _____

Signatures will be hand signed.

I understand that I have the right to revoke this authorization at any time, and it must be submitted in writing to the Compliance Officer at:

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

ACKNOWLEDGEMENT

Patriot PAWS has each Service Dog's best interest in mind while considering placements. Therefore, Patriot PAWS Service Dogs reserves the right to approve or deny an application at any stage up to and including Graduation. Patriot PAWS Service Dogs also reserves the right to remove a placed Service Dog from a Veteran/recipient at any time if it is deemed by the Veteran Coordinators office/CEO to be in the best interest of the dog.

In the event that the Veteran/recipient should pass away within the first three years of placement, the Service Dog must be returned to Patriot PAWS within thirty days.

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

Signature: _____ Date: _____
Print Name: _____

Witness Signature: _____ Date: _____
Print Name: _____

Signatures will be hand signed.



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

Patriot PAWS is fully committed to complying with HIPAA guidelines by:

1. Protecting the privacy of each Veteran's medical information by providing appropriate security measures.
2. Providing access to any documentation provided to the Veteran Coordinators Office by the Veteran's medical provider, or any other entity.
3. Maintaining any and all of our Veteran's information in compliance with national standards.

For more information on HIPAA guidelines, please visit: www.hhs.gov. If you have any questions or concerns, please bring them to the attention of our Compliance Officer.

HIPAA—AUTHORIZATION FOR RELEASE OF INFORMATION FORM

Applicant Authorization for Use and Disclosure of Protected Health Information:

I, the undersigned, authorize Patriot PAWS Service Dogs to use and/or disclose certain Protected Health Information (PHI) to any necessary officials, beginning with the submission of an application, and ending only with written termination of this agreement with Patriot PAWS Service Dogs.

I understand that my PHI may be used for, but not limited to, *training customization*, Service Dog placement, grant writing and fundraising purposes.

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

- All Personal Health Information
- Limited release of information (only as described below): _____

- I elect to opt out of the release of my Personal Health Information

My refusal to authorize my release of my PHI will in no way impact my eligibility to receive a Service Dog from Patriot PAWS.

I understand that I have the right to revoke this authorization at any time, and it must be submitted in writing to the Compliance Officer at:

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

Signature: _____ Date: _____

Printed Name: _____



MEDICAL HISTORY

Patriot PAWS may request specific information pertaining to your medical condition/disability. By providing the information below, you authorize Patriot PAWS Service Dogs to contact your provider to release your medical information.

Please ensure your provider is aware of your request.

MEDICAL & MENTAL HEALTH PROVIDER RELEASE

Name of Provider: _____

Please release any requested medical information regarding my condition to Patriot PAWS Service Dogs. All information provided will be used to help the organization determine my eligibility to receive a Service Dog.

Patient Name (Please Print): _____

Patient 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.



FAMILY CARE PLAN

Should an emergency occur, Patriot PAWS Service Dogs requests that we have two different emergency Points of Contact to ensure there is an individual who can care for the Service Dog should the Service Team be separated for any reason. You must provide letters from each individual, stating that they agree to provide an immediate and temporary home for the Service Dog. Each letter should be hand signed, and include their name, address, and phone number.

Name: _____

Address: _____

Phone: (____) _____ Relationship: _____

Name: _____

Address: _____

Phone: (____) _____ Relationship: _____

EMPLOYER LETTER

To the Veterans that are employed, we ask you to provide an Employer's letter. This letter must be completed and signed on the company's letterhead. It also needs to come from your Human Resources Director or Chief of Staff, stating that your company has no reservations against you having a dog inside the business. This letter should express support for you as well as the Service Dog.

If your employer has any questions, please have them reach out to the Veteran Coordinators at:
972-772-3282

If my application is denied for a Service Dog, is there a way that I can file a dispute?

Of course. If you would like to dispute the decision, we ask that you write a letter to our Veteran Committee.

Who is my point of contact at Patriot PAWS Service Dogs?

The Veteran Coordinators will be your point of contact, Lib and Caiti.

Am I placed on a waiting list?

Our Veterans are placed into a pool rather than a list. We understand that each Veteran has unique needs and that some needs may need more immediate attention. However, this is contingent on the dogs we have available for each graduation. This is why we prefer to have a pool of Veterans to select from instead of a list.

What is the cost during the 12-day graduation period?

You should plan for ~\$115/night(this includes taxes) for your hotel, and ~\$45/day for your meals. Your plane ticket, gas, rental cars etc., will all be contingent upon the month you are here for graduation as these costs fluctuate frequently.