



Old Glory Service Dogs 4 Veterans Application Checklist

To apply for an Old Glory Service Dogs 4 Veterans Service Dog, please complete these items and ensure that they are all received by Old Glory in Bunnell, Florida within no more than 60 days of each other. Certain documentation is required prior to your approval. The quicker we receive this information the faster the process will go. We understand we are asking for a lot, but this information is crucial to the organization's funding. We can make no exceptions. You will be able to enter the information in the upload box in each part of the checklist. For questions, please contact Old Glory Service Dogs at (386) 878-2244 or info@oldgloryservicedogs.org.

1) Member Application:	This is the application accompanying this checklist	Completed
2) Mental Health Verification Form:	The form must: Be filled out by your current mental health care provider who is a psychiatrist, psychologist, or other licensed mental health care professional (LCSW or higher)	
	Verify your service-related PTSD, TBI, and/or MST diagnosis and other relevant mobility disabilities	
	Be signed and dated no more than <u>60 days before you complete the application</u>	
3) Primary Care Physician's Report:	Members are expected to train one (1) day per week for an hour and half. Training will be done at Old Glory's building or in public. Training will include walking/moving, standing, sitting, bending at the waist, and kneeling down. Training can be outdoors, in crowds, or inside.	
4) DD-214 (Member Copy) or Letter/ID of employment	You must include every DD-214 you have received, or a letter from the employing agency. If you are/were National Guard or Reserve, an NGB Form 22 may suffice. Please contact Old Glory. For law enforcement, firefighter, or EMS service, a letter from their current or previous command stating the employee is currently or retired in good standing with their current or previous department.	
5) Current Full-Length Photo:	Email your photo to info@oldgloryservicedogs.org	
6) All Documents requested in application.		

Applicant: _____ Date: _____



Old Glory Application
(All Fields Required)

SECTION 1: PERSONAL INFORMATION

Full Name:

Last

First

Middle

Maiden

Social Security Number (to be used for background checks): _____

Birthdate (MM/DD/YY)

Age

Sex/Gender

Marital Status

Height

Weight

Home Phone Number

Cell Phone Number

Primary Email Address

Home Addresses for the Duration of Ten (10) Years

Current Address:

Street

City

State, Zip, County

Date

to

Previous Address:

Street

City

State, Zip, County

Date

to

Previous Address:

Street

City

State, Zip, County

Date

to

Emergency Contact Name

Relationship to You

Phone Number

Personal References and Agreement to support:

Veterans who are paired with Old Glory Service Dogs 4 Veterans, Inc. Service Dog must identify someone who agrees to provide support to the Service Dog team. This “support Person” will provide an immediate, temporary home for the Service Dog if the member becomes unwilling or unable to, as in, for example, a medical emergency. The Support Person will contact Old Glory Service Dogs 4 Veterans, Inc. as soon as he/she becomes aware of the need for support and will work with Old Glory Service Dogs 4 Veterans, Inc. to ensure that the Service Dog remains safe and cared for. The Old Glory Service Dogs 4 Veterans, Inc. Agreement to Support document needs to be completed by the supporting person and given to the Old Glory Team with the application. The Old Glory Service Dogs 4 Veterans, Inc. Agreement to Support document is at the end of the application.

Personal Reference / Agreement to support Name	Phone Number
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Personal Reference / Agreement to support Name	Phone Number
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I authorize Old Glory Service Dogs 4 Veterans, Inc to contact my personal references / Agreement to support people listed above and to request information about me as an applicant.

Initials

I authorize my personal references / Agreement to support people to disclose all information about me which may be requested by Old Glory Service Dogs 4 Veterans, Inc.

Initials

I authorize Old Glory Service Dogs 4 Veterans, Inc to contact my personal references / Agreement to support people listed above to verify their willingness to provide support to the Service Dog team.

Initials

Assistance With Filling Out Your Application

In order to give your request for a Service Dog the full consideration it deserves, your application must be in your own words; however, we understand that some applicants may need assistance putting their own words into this application form. Did you have assistance filling out this application? [Choose an item](#)

If you had assistance filling out this application, please list the name and contact information of the person who assisted you:

Name	Relationship	Phone Number
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SECTION 2: HOUSEHOLD

How many people live in your household? _____

Please list the name, age, and relationship to you of every member of your household.

Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
------	-----	--------------

Name	Age	Relationship
------	-----	--------------

Are there any Service Animals in your Home? Choose an item

If yes, for each Service Animal in your home, please list the species, breed, weight, age, gender, and any behavior concerns:

Species	Breed	Weight	Age
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Gender	Behavior Concerns
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Behavior Concerns Cont.

Are there any pets in your home? Yes or No

If yes, for each pet in your home, please list the species, breed, weight, age, gender, and any behavior concerns. If there are any dogs in the home, Old Glory Service dogs trainers will evaluate said dog for behavioral concerns before a service dog is granted or trained by Old Glory Service dogs.

Species	Breed	Weight	Age
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Gender	Behavior Concerns
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Behavior Concerns Cont.

Will you need to be paired with a hypoallergenic dog?

If the basis of your request for a hypoallergenic dog is that you or someone in your household is allergic to dogs, please submit, as a part of your application, written verification from an allergy specialist that you or a member of your household has tested positive for an allergy to dogs which should not be triggered by a hypoallergenic dog.

Choose an item

If so, please explain why:

Please be aware that our ability to pair veterans with a hypoallergenic dog is constrained by the limited number of hypoallergenic dogs we can acquire, and therefore, veterans requiring a hypoallergenic dog will experience a delay in placement in the program. So that this delay is no longer than necessary, we must verify each need for a hypoallergenic dog.

Do you own or rent your home? Choose an Item

Describe your home and neighborhood (house, apartment, mobile home, size of yard, city, suburb, rural, etc.)

Do you have a fence around your yard? Choose an item

Is your home fully accessible to you? Choose an item

SECTION 3: SERVICE INFORMATION

I Authorize Old Glory Service Dogs 4 Veterans, Inc. to verify the details of my military service and/or law enforcement, firefighter, EMS service. By requesting information via the Freedom of Information Act (FOIA)

Initials

Type of Service

Rank

Pay Grade

MOS/Rate

Please list all periods of service

Entered Service Date _____ Discharge Date _____

Entered Service Date _____ Discharge Date _____

Entered Service Date _____ Discharge Date _____

Entered Service Date _____ Discharge Date _____

Type of Discharge: _____

Service History: Please list your last four permanent duty stations and the dates of your duty there.

Location _____ Dates: _____ to _____

Location _____ Dates: _____ to _____

Location _____ Dates: _____ to _____

Location _____ Dates: _____ to _____

Deployment History: For each of your deployments, please list the location and dates:

Location _____ Dates: _____ to _____

Location _____ Dates: _____ to _____

Location _____ Dates: _____ to _____

Location _____ Dates: _____ to _____

Please list your highest or most notable award or decoration(s):

Please provide any pertinent details about your service- both foreign and domestic- that you would like to share:

SECTION 4: BIOGRAPHICAL INFORMATION

Please tell us about yourself and describe a typical day in your life:

How do you handle stress and anger?

Please provide an example of an internal conflict you have overcome, and the steps taken to resolve it:

How do you deal with disagreement, confrontation, and conflict with others?

If you experience anxiety and/or other symptoms of PTSD, please list your most common triggers:

Please describe with specificity how a Service Dog will assist you to be more independent and more productive both at home and in your community. Attach an additional sheet if necessary.

SECTION 5: WORK/EDUCATION

Are you presently employed? Choose an item

If you will need your employer to modify or provide an exception to any policies so that you may be accompanied at work by a Service Dog, you should begin the interactive process of arranging reasonable accommodation(s) at least 90 days in advance of your training. For example, many of our members have reasonable accommodations in their workplace that allow them to be accompanied by a Service Dog despite a “no pets” policy, have a crate in their workspace, and/or take additional breaks. Old Glory Service Dogs 4 Veterans, Inc does not request reasonable accommodations for veterans.

If yes, who is your current employer?

Full-time or Part-time hours per week? Choose an item

Please describe your work environment (large/small office, high-rise, downtown, suburban, rural location, indoors, outdoors, cubicle, private office, etc.):

Please describe the essential functions of your job:

Please describe your typical workday:

Is your employer aware of your decision to apply for a Service Dog? Choose an item

If you are not presently working, do you plan to become employed? Choose an item

If yes, please describe your future employment intentions:

Highest level of education:

Education degree(s):

Are you presently a student? Choose an item

If so, where?

Do you attend classes on a campus or online? Choose an Item

If the student attends classes on a campus, they should go to the disability office of the school to see if the school has criteria / limitations for service dogs.

What degree are you pursuing?

Are you familiar with the Service Dog policy for your school? Choose an item

If yes, please thoroughly review the policy. If no, please obtain and thoroughly review a copy of the policy

SECTION 6: TRANSPORTATION

Do you have a valid driver's license? Choose an item

Do you drive yourself? Choose an item

If not, who is your primary driver?

Do you have daily access to transportation? Choose an item

If not, what are your primary means of travel?

Do you have an adaptive vehicle? Choose an item

If so, explain, hand-controlled auto, hand-controlled van, van with a life, etc.

SECTION 7: MEDICAL/MENTAL HEALTH INFORMATION

Please be as precise as possible, as this section aids us in assigning and training a Service Dog that will be most suited to your condition.

Primary Physician Name

Phone Number

Do you receive VA medical Services? Choose an item

What is the nearest VA facility to your home?

Please list your current medications:

Do you have any allergies to medication? Choose an item

If yes, please list:

Dominant Hand: Choose an item

Please select each qualifying disability you have:

Post-Traumatic Stress Disorder- Date of Onset or Diagnosis

Traumatic Brain Injury- Date of Onset or Diagnosis

Military Sexual Trauma- Date of Onset or Diagnosis

Other mobility disability- date of Onset or Diagnosis

Verbal Skills- On a scale of 1 (nonverbal) to 5 (fluent with clear enunciation), please rate your ability to communicate verbally. Choose an item

Please describe your physical strength and endurance:

Activity level- On a scale of 1-10, please rate your activity level: Choose an Item

Activity is the amount of your movement throughout the day. Consider how often you leave the house, go to stores, and walk more than 1 mile a day (2,000 to 3,000 steps).

Mobility level- On a scale of 1-10, please rate your mobility level: Choose an Item

Mobility is your ability to move your body. Consider whether you can maneuver your body to adjust your balance if pulled by a Service Dog and how often you must brace yourself with an object to avoid falling.

Do you have a history of falling? Choose an item

If so, how often do you fall? When did you last fall?

Do you have a history of seizures? Choose an item

If so, how often do you experience a seizure? When did you last have a seizure?

Please describe your use of any of the following adaptive equipment, including the frequency:

Wheelchair (Manual or power)

Power 3-Wheel Cart:

Crutches:

Braces:

Prosthesis:

Cane: With which hand do you hold a cane? Choose an item

Walker:

Please list your physical limitations, including those caused by medical conditions, pain, medication, illnesses, injuries, or surgeries. For example, is it very difficult for you to carry items, walk long distances, or drive a car?

Please describe any functional limitations you experience. For example, is it very difficult for you to leave home on your own, to be in crowds or in a large group, or to be on time?

Please describe any other limitation you have such as mobility, reaction speed, balance, vision, speech, sensitivity to light, sound, or temperatures, learning impairments, or anything else you feel we should know to best accommodate your needs:

If you handle any of the following, please not whether you have assistance, and if so, who provides the support:

Medication management: Choose an item

Finances and bill paying: Choose an item

Scheduling: Choose an item If yes, who supplies support:

Housecleaning: Choose an item If yes, who supplies support:

Preparation of Meals: Choose an item If yes, who supplies support:

Running errands and grocery shopping: Choose an item If yes, who supplies support:

Personal care and grooming: Choose an item If yes, who supplies support:

Getting dressed: Choose an item If yes, who supplies support:

Do you have a history of alcohol and/or substance abuse? Choose an item

If yes, please explain:

Do you have any food allergies: Choose an item

Please describe

Do you have any dietary restrictions? Choose an item

Please describe:

In your own words, how would having a Service Dog aid you with your PTSD, TBI, MST and/or any other mental, physical or emotional wellness challenges? Attach an additional sheet if necessary.

Please list any other psychological or physical wellness issues we need to know when considering pairing you with a Service Dog:

SECTION 8: LEGAL HISTORY

It is the policy of Old Glory Service Dogs 4 Veterans, Inc. to conduct multiple background checks on all applicants. Being charged with or convicted of a crime does not necessarily disqualify an applicant. Any applicant with a history of fighting, domestic violence, animal cruelty, and/or animal abuse will be disqualified. Please be honest and thorough with your answers.

Have you been charged with or convicted of a felony? Choose an item

If yes, please explain:

Have you been charged with or convicted of a misdemeanor? Choose an item

If yes, please explain:

Have you been charged with or convicted of any criminal traffic violation? Choose an item

If yes, please explain:

Have you ever been cited for any other traffic violations? Choose an item

If yes, please explain:

Have you been arrested at any time, for anything, in the last 36 months? Please include every arrest, even if it did not result in a conviction. Choose an item

If yes, please explain:

Do you have a history of violence? Choose an item

Have you ever become so angry/frustrated that you have struck someone? Choose an item

Have you ever become so angry/frustrated that you have struck an animal? Choose an item

Have you received counseling/treatment for anger management or impulse control? Choose an item

SECTION9: MISCELLANEOUS

Have you owned a pet dog in the past? Choose an item

Are you familiar with the care of dogs? Choose an item

Is anyone in your house scared of dogs? Choose an item

Does everyone in your household support your decision to apply to a Service Dog program? Choose an item

Please comment on any obstacles or issues you feel you will need to address before being able to attend our training one day a week. You will be required to train your Service Dog on your own time and private sessions with Old Glory trainers.

How did you learn about Old Glory Service Dogs 4 Veterans, Inc.?

Have you ever applied and been accepted by another Service Dog organization? Choose an item

If yes, please provide the name of the organization and date of your application:

Name of Organization

Date of Application

Do you currently have a Service Dog from the organization mentioned above? Choose an item

If no, please explain:

Have you ever been denied a Service Dog by an organization? Choose an item

If yes, please provide the name of the organization, the reason for the denial, and date of denial:

What type of support is available to assist you with the care and maintenance of your Service Dog while you are at home and at work or school? In other words, who will be able to take your Service Dog to veterinarian appointments and bathe and feed your Service Dog if you become unable to?

As you know, having any dog is a serious personal commitment. Having a Service Dog also carries a significant financial responsibility, we estimate that this responsibility is approximately \$1,000.00 per year. This dollar amount considers veterinary expenses, food, and preventative medications. Having pet insurance is a way to ensure you are financially able to provide care in the case of unforeseen medical emergencies. Old Glory Service Dogs 4 Veterans, Inc. is not responsible for covering veterinary care or treatment for the service dogs we have paired with veterans.

Will you be able to provide continuous pet insurance? Choose an item

SECTION 10: CONSENT TO CONTACT AND AUTHORIZATION OF RELEASE

Old Glory Service Dogs 4 Veterans, Inc. may contact the professionals below for the purpose in evaluating my application to receive a Service Dog, I authorize the individuals listed below to release to Old Glory Service Dogs 4 Veterans, Inc. the information and opinions it requests, including private or protected health information. These authorizations shall expire upon withdrawal of my application for a Service Dogs from Old Glory Service Dogs 4 Veterans, Inc. or if my application is not withdrawn, the retirement of the last Service Dog I receive from Old Glory Service Dogs 4 Veterans, Inc.

Initials

Please list the names, addresses, and phone numbers of those who are applicable:

Primary Doctor	Phone Number	Address
Psychologist/Psychiatrist	Phone Number	Address
Veterinarian	Phone Number	Address
Applicant Signature	Date	

SECTION 11: CERTIFICATION AND SIGNATURE

I understand that my failure to complete this application with honesty and candor will permanently disqualify me from the Old Glory Service Dogs 4 Veterans, Inc. program.

Initials

I understand that Old Glory Service Dogs 4 Veterans, Inc. reserves the right to remove any accepted or scheduled applicant/candidate from the waitlist at any time for any reason.

Initials

I understand that Old Glory Service Dogs 4 Veterans, Inc. is NOT a medical treatment facility, hospital, mental health facility, does not provide any type of healthcare (mental or physical), and is not licensed to do so. While the use of a Service Dog may mitigate symptoms related to PTSD, TBI, and/or MST, Old Glory Service Dogs 4 Veterans, Inc is ONLY a Service Dog provider.

Initials

I understand the Old Glory Service Dogs 4 Veterans, Inc does not employ health care professionals and that in the event I experience a medical emergency while on or off campus, emergency medical services (911) will be called, and I will be responsible for any related costs and expenses.

Initials

I understand that I will have to train my Service Dog on my own time in addition to attending training at the Old Glory training building one day a week. If my Service Dog shows no improvement I could be dismissed from the organization

Initials

I further acknowledge that Old Glory Service Dogs 4 Veterans, Inc. is not subject to the privacy rules contained in the health Insurance Portability and Accountability Act (“HIPPA”) and/or other state or federal laws protecting private health information. Though these laws do not apply to Old Glory Service Dogs 4 Veterans, Inc. I understand that Old Glory Service Dogs 4 Veterans, Inc. will make reasonable efforts to keep the contents of this application and any supporting documentation, and/or any information discovered during the verification process confidential and will not share such information outside of Old Glory Service Dogs 4 Veterans, Inc. without my written consent.

Initials

I acknowledge that Old Glory Service Dogs 4 Veterans, Inc. will not tolerate behavior that is perceived as aggressive or threatening. For example, physical or verbal intimidation or harassment will be grounds for immediate dismissal from Old Glory Service Dogs 4 Veterans, Inc. This zero-tolerance policy applies to members, as well as Old Glory Service Dogs 4 Veterans, Inc staff members and volunteers.

Initials

I understand that Old Glory Service Dogs 4 Veterans, Inc. is a dry campus and that possession of alcohol, illegal drugs, and prescription drugs not prescribed to me, and/or other innocuous substances masked to be intoxicants, will result in immediate dismissal from the program and potential prosecution by local authorities.

Initials

I understand that if I withdraw from attendance within 30-days of my class start date. I may be ineligible to reapply, and that considerations for rescheduling will be taken on a case-by-case basis.

Initials

I understand Old Glory Service Dogs 4 Veterans own the rights to the Service Dog. It is my responsibility to care for the Service dog. Old Glory Service Dogs 4 Veterans, Inc. can take possession of the Service dog if they deem the Service dog is not being taken care of properly.

Initials

I understand that Old Glory Service Dogs 4 Veterans, Inc. must investigate me. I authorize Old Glory Service Dogs 4 Veterans, Inc. to research and/or confirm any statements made in my application and permit educational institutions, employers, medical professionals, criminal justice agencies, and others, to furnish whatever detail or documentation is available concerning this application and the statements I made herein. I further authorize Old Glory Service Dogs 4 Veterans, Inc to obtain criminal background information related to my ability to care for and protect a Service Dog, and I authorize Old Glory Service Dogs 4 Veterans, Inc to request multiple background investigations at intervals of its discretion or as needed. A photographic or facsimile equivalent to the original and may be used as a duplicate original.

Initials

I understand that Old Glory Service Dogs 4 Veterans, Inc. may take pictures and/or video recordings during training or events that may be posted on the Old Glory Service Dogs 4 Veterans, Inc. Facebook page or website.

Initials

Having a Service Dog is a serious commitment. A service Dog is not a pet, and requires a great deal of time, effort, and energy. I am willing, able, and prepared to take on this responsibility.

I certify that, to the best of my knowledge and belief, the information provided in this document accurately reflects my needs and present situation.

Applicant Signature

Date

The below represents a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been impacted by that problem in the past month.

In the past month, how much were you impacted by:	Not at all	A little bit	Moderately	Quite a Bit	Extremely
1) Repeated disturbing, and unwanted memories of a stressful experience?	0	1	2	3	4
2) Repeated, disturbing dreams of a stressful experience?	0	1	2	3	4
3) Suddenly feeling or acting as if a stressful experience were actually happening again (as if you were actually back there reliving it)?	0	1	2	3	4
4) Feeling very upset when something reminds you of a stressful experience?	0	1	2	3	4
5) Having strong physical reactions when something reminded you of a stressful experience (for example, heart pounding, trouble breathing, and sweating)?	0	1	2	3	4
6) Avoiding memories, thoughts, or feelings related to a stressful experience?	0	1	2	3	4
7) Avoiding external reminders of a stressful experience (for example, people, places, conversations, activities, objects, or situations)?	0	1	2	3	4
8) Trouble remembering important parts of a stressful experience?	0	1	2	3	4
9) Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?	0	1	2	3	4
10) Blaming yourself or someone else for a stressful experience or what happened after it?	0	1	2	3	4

11) Having strong negative feelings such as fear, horror, anger, guilt, or shame?	0	1	2	3	4
12) Loss of interest in activities that you used to enjoy?	0	1	2	3	4
13) Feeling distant or cut off from other people?	0	1	2	3	4
14) Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?	0	1	2	3	4
15) Irritable behavior, angry outbursts, or acting aggressively?	0	1	2	3	4
16) Taking too many risks or doing things that could cause you harm?	0	1	2	3	4
17) Being super alert, watchful, or on guard?	0	1	2	3	4
18) Feeling jumpy or easily startled?	0	1	2	3	4
19) Having difficulty concentrating?	0	1	2	3	4
20) Trouble falling or staying asleep?	0	1	2	3	4



MENTAL HEALTH INFORMATION AND VERIFICATION FORM

Old Glory Service Dogs 4 Veterans, Inc. provides Service Dogs to First Responders and Veterans with service-connected PTSD, TBI, MST, and/or other mobility disabilities. Critical to our ability to pair a veteran with a Service Dog is the veteran's full participation in our training at our facility. As a team, the veteran, and Service Dog train one and a half hours at our scheduled training and train at home on their own time. Our member must be able to participate and show they are capable with required tasks, interacting with other veterans and staff, learn in an open room setting, and safely handle and care for a Service Dog.

_____ ("Veteran") is applying to be a part of our Service Dog program, including attending OGSD training. So that we may evaluate the Veteran's application, please provide the mental health information and verification requested below.

1. Is the Veteran currently in treatment for Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), and or another mental health ailment? Yes No

2. Has the Veteran been diagnosed with any psychiatric conditions? Yes No

If yes, which psychiatric conditions is the veteran diagnosed with?

Bipolar _____ Schizophrenia _____ Borderline Personality Disorder _____

Multiple personality Disorder _____ Other _____

Is a treatment plan in place for diagnosis? Yes No

Please provide details regarding all relevant diagnosis(es):

3. Is the Veteran currently a threat to self or others and/or suicidal? Yes No

Please provide details:

4. Is the Veteran pursuing a Service Dog as a first level of treatment? Yes No

Please provide details:

5. Please describe the Veteran's ability to cope with and manage anger.

6. Please describe the Veteran's overall mental health status and treatment plan, including any substance abuse, addiction, and/or dependency other than for prescribed medications.

7. Do you have any concerns about the Veteran's mental and emotional ability to take part in training which may include exposure to crowds, loud and/or unexpected noises, and interactions with the public?

Please explain:

Verifying Physician/Clinician

I hereby verify that the information I have provided above accurately and completely describes the named Veteran's mental health status and treatment as I know and/or, in my professional judgment, have reason to believe it to be.

Signature

Printed name

Licensing Body

License/Certification #

Date

Phone

Email

Authorization for Release of Private Health Information

I _____ authorize _____ (healthcare provider) to disclose and discuss with Old Glory Service Dogs 4 Veterans, Inc. the protected health information described and requested above. This authorization shall expire upon withdrawal of my application for a Service Dog from Old Glory Service Dogs 4 Veterans, Inc. or, if my application is not withdrawn, the retirement of the last Service Dog I receive from Old Glory Service Dogs 4 Veterans Inc.

Patient or personal representative

Signature of patient or personal representative

Printed name of patient or personal representative and relationship to patient

Date



PRIMARY CARE PHYSICIAN'S REPORT FOR SERVICE DOG APPLICATION

Old Glory Service Dogs 4 Veterans, Inc. provides Service Dogs to First Responders and Veterans with service-connected PTSD, TBI, MST, and/or other mobility disabilities. Critical to our ability to pair a veteran with a Service Dog is the veteran's full participation in our training at our facility. As a team, the veteran, and Service Dog train one and a half hours at our scheduled training and train at home on their own time. Our member must be able to participate and show they are capable with required tasks, interacting with other veterans and staff, learn in an open room setting, and safely handle and care for a Service Dog.

_____ ("Veteran") is applying to be a part of our Service Dog program, including attending OGSD training. So that we may evaluate the Veteran's application, please provide the mental health information and verification requested below.

SECTION 1: VETERAN IDENTIFICATION

Full Name:

Last First Middle Maiden

Date of Birth:

Month Day Year Age

Address:

Street Address City State Zip Code

Date of last Exam:

Month Day Year

Height:

Feet Inches

Weight:

Pounds

How long has the Veteran been under your care?

Years Months

I. OVERALL HEALTH

Please list the Veteran's current medical conditions, disabilities, disorders, illnesses, and injuries, and describe each, including any related physical limitations or restrictions.

Is the Veteran physically capable of training a Service Dog at their home safely? Please explain.

Is the Veteran physically capable of handling a medium to large size dog, weighing between 50-75lbs? Please explain.

Do you have any concerns about the Veteran's physical, mental, emotional, and/or cognitive ability to train one and a half hours at our scheduled training and train at home on their own time which may include exposure to crowds, loud and/or unexpected noises, interactions with the public, and classroom instruction? Please explain.

MENTAL HEALTH

Has the Veteran been diagnosed with any psychiatric conditions? If so, Which:

Bipolar _____ Schizophrenia _____ Borderline Personality Disorder _____

Multiple Personality Disorder _____ Other _____

Is a diagnosis or treatment plan in place? _____

Does the Veteran have one or more of our program’s qualifying disabilities, PTSD, TBI, MST, and/or other disability and if so, is the Veteran’s disability service-connected?

Please note any diagnosis/certification of these disabilities.

II. VISION

Is the Veteran legally Blind? Yes No

If not legally blind, does the Veteran have substantial vision impairment and/or visual disturbances such as double vision? Please explain the impact on the Veteran, including how and to what degree it is correctable with contact lenses and/or glasses.

III. HEARING/SPEECH

In each ear, how is the Veteran’s hearing?

Left: Normal Abnormal Right: Normal Abnormal

If abnormal, what is the degree of hearing loss in each ear? _____

Does the Veteran utilize hearing aids? Yes No

Does the Veteran have any speech impediments? Yes No

Please explain any communication difficulties the Veteran experiences due to hearing and/or speech issues.

ALLERGIES

Is the Veteran allergic to any of the following? (if yes, please provide allergy test results.)

Dogs, including allergies related to dander, urine, and/or fur: _____

Medication: _____

Food: _____

Other: _____

IV. CARDIOPULMONARY

Blood Pressure: _____ / _____ Pulse: _____

Which, if any, conditions does the Veteran have?

_____ Hypertension	_____ Emphysema	_____ Heart Murmur	_____ Heart Attack
_____ Asthma	_____ Lung Disease	_____ Congestive Heart Failure	_____ Stroke
_____ Angina	_____ Coronary Ailment	_____ Arteriosclerosis	

Other Condition(s): _____

V. NEUROLOGICAL

Does the Veteran have a seizure disorder and/or experience seizures? Yes No

If so, how frequently does the Veteran experience a seizure? _____

What was the date of the Veteran's last seizure: Month: _____ Year: _____

Severity of last seizure: _____ Frequency of seizures: _____

Does the Veteran take anti-seizure medication? Yes No

What, if anything, triggers the Veteran's seizures such that the Veteran must avoid it?

To what degree does the Veteran experience issues with balance, coordination, vertigo, and/or dizziness?

Is the Veteran at risk for falls?

Yes No

If yes, please explain:

Please describe any cognitive difficulties which may impact the Veteran's ability to understand, learn, retain, and/or apply information, including steps for safe handling of and caring for a Service Dog.

VI. ORTHOPEDIC

Does the Veteran have physical limitations related to any of the below?

Yes No

<input type="checkbox"/> Back	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder (Right or Left)	<input type="checkbox"/> Arm (Right or Left)
<input type="checkbox"/> Wrist (Right or Left)	<input type="checkbox"/> Leg (Right or Left)	<input type="checkbox"/> Foot (Right or Left)	

Please Explain:

Does the Veteran have sufficient motion in upper extremities and hand strength to work with and handle a medium to large size (50-75 lbs.) Service Dog?

Yes No

Does the Veteran use a cane, walker, or wheelchair?

Yes No

If yes, at what frequency does the Veteran use one of these aids?



Verifying Physician/Clinician

I hereby verify that the information I have provided above accurately and completely describes the named Veteran's mental health status and treatment as I know and/or, in my professional judgment, have reason to believe it to be.

Signature

Printed name

Licensing Body

License/Certification #

Date

Phone

Email

Authorization for Release of Private Health Information

I _____ authorize _____
(healthcare provider) to disclose and discuss with Old Glory Service Dogs 4 Veterans, Inc. the protected health information described and requested above. This authorization shall expire upon withdrawal of my application for a Service Dog from Old Glory Service Dogs 4 Veterans, Inc. or, if my application is not withdrawn, the retirement of the last Service Dog I receive from Old Glory Service Dogs 4 Veterans Inc.

Patient or personal representative

Signature of patient or personal representative

Printed name of patient or personal representative and relationship to patient

Date



AGREEMENT TO SUPPORT

Veterans who are paired with Old Glory Service Dogs 4 Veterans, Inc. Service Dog must identify someone who agrees to provide support to the Service Dog team. This “support Person” will provide an immediate, temporary home for the Service Dog if the member becomes unwilling or unable to, as in, for example, a medical emergency. The Support Person will contact Old Glory Service Dogs 4 Veterans, Inc. as soon as he/she becomes aware of the need for support and will work with Old Glory Service Dogs 4 Veterans, Inc. to ensure that the Service Dog remains safe and cared for.

Signifying your commitment to serve as a Support Person for _____
 (“Member Candidate”), please attest to the following:

1. 1. I have agreed to become a Support Person for Member Candidate.
Initials: _____
2. 2. I have the following relationship with the Member Candidate. _____
Initials: _____
3. I am aware that the Member Candidate has applied to receive a Service Dog from Old Glory Service Dogs 4 Veterans, Inc. and support the placement of a Service Dog with the Member Candidate.
Initials: _____
4. I will immediately provide a temporary home and care for the Service Dog if the Member becomes unwilling or unable to, as in, for example, a medical emergency.
Initials: _____
5. I will contact Old Glory Service Dogs 4 Veterans, Inc. as soon as he/she becomes aware of the need for support and will work with Old Glory Service Dogs 4 Veterans, Inc. to ensure that the Service Dog remains safe and cared for.
Initials: _____

Signature of Support Person: _____
Printed Name of Support Person: _____
Date: _____
Phone: _____
Email: _____