



CANINES FOR VETERANS

A Program of Canines for Service

A non-profit corporation providing specially trained dogs for people with disabilities

Thank you for your interest in Canines for Veterans! Canines for Veterans provides Veterans disabled serving our country with quality trained service dogs for mobility impairment, traumatic brain injury, and those with a clinical diagnosis of a psychiatric impairment such as post traumatic stress disorder. Canines for Veterans does not provide service dogs to individuals who are legally blind or hearing impaired.

To apply for a service dog from Canines for Veterans, the following are required:

- a) Completed Skills Questionnaire for Service Dog Placement
- b) Consent to Contact
- c) Veterinary Reference Form
- d) Two (2) personal reference names and addresses for Canines for Veterans to send a reference form to. These personal references should not be from immediate family members, but rather a minister, teacher, co-worker.
- e) Recent photo of the applicant
- f) **A video including audio of the applicant in their home, work and school environments:** We request the submission be on CD or DVD **showing you in your home and community**. This video must **focus on you** moving around in your environment. Please show us you moving through your home and around the community environments you frequent (i.e. work, school, neighborhood, etc.). **It is most important that we observe your mobility.**

For Mobility Issues:

The video must demonstrate your functional abilities, be no longer than 15 minutes, and include:

- Ambulation (with any adaptive equipment you use, i.e. canes, crutches, walker, wheelchair, etc).
- Transferring to/from bed, chair, wheelchair, etc.
- Sitting, standing, reclining
- Navigating doorways, ramps and stairs
- Getting in/out of vehicles
- Grasping/holding both large and small items (i.e. pillows, magazine, pen/pencil, paperclip)
- Use of any adaptive equipment (i.e. utensils, reachers, lifts, clothing fasteners, computer accessories, etc.)
- Speaking – please tell us why you want/need a service dog and how you think a dog will assist you. **It is very important for us to hear your speech, however it is not necessary to speak throughout the entire video; 2-5 minutes of speech is plenty.**
- Lastly, **briefly** show us any pets you may have, as well as your yard and the street you live on.

For PTSD:

The video must demonstrate tell us about the circumstances and situations that trigger your PTSD and be no longer than 15 minutes, and include:

- **PTSD triggers** – tell us the type of circumstances and situations that seem to trigger your PTSD
- Speaking – please tell us why you want/need a service dog and how you think a dog will assist you. **It is very important for us to hear your speech, however it is not necessary to speak throughout the entire video; 2-5 minutes of speech is plenty.**

- Lastly, **briefly** show us any pets you may have, as well as your yard and the street you live on.

Please send the complete application packet with the items listed above to:
Canines for Veterans. – Client Services Committee
P.O. Box 12643, Wilmington NC 28405

Our Applicant Review Committee will screen your complete applicant packet to determine that you meet our applicant requirements and place your name on our waiting list. **The review process will take at least 8-12 weeks.** It is not possible to advise how long you may wait for a service dog from Canines for Veterans. Our waiting list is not time-based and we do not place dogs on a "first come, first serve" basis. The match of service dog skills to individual's needs and lifestyle is the critical factor in determining who receives the next available service dog.

At such time that we have a dog nearing completion of training that best matches your needs, we will contact you to arrange an individualized Team Training schedule in which you will learn how to handle and work with your service dog partner. The individual must travel to Charleston, SC or Wilmington, NC for up to 14 days of Team Training. Canines for Veterans will make every effort to arrange for transportation working with partner organizations and to provide discounted hotel arrangements and assistance with meals. However, we cannot guarantee costs will be covered.

Canines for Veterans does not charge a fee for the service dog, however, we estimate a service dog will cost the recipient between \$50 to \$100 per month to maintain.

Sincerely,

Client Services Committee
Canines for Veterans

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CAROLINA CANINES VETERANS
Skills Questionnaire for Service Dog Placement – Carolina Canines for Veterans

APPLICANT INFORMATION

Full Name: _____
Last Maiden First M.I.

Address: _____
Street Address Apartment/Unit #
City County State ZIP Code

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Social Security Number: _____

Birth Date (M/DD/YY): _____ Marital Status: __ Single __ Married __ Divorced __ Widowed

Significant Others Name: _____

Military Service: Branch _____ Dates of Service (M/DD/YY): _____ to _____

Rank: _____ Type of Discharge: _____

In the last 12 months has a medical evaluation board found you fit or unfit for duty?
 Fit Unfit Not reviewed

Business/School Name: _____ Grade in School _____

Address: _____

Business Phone: _____ Title/Occupation: _____

If Applicant is under 18 years of age, complete the following:

Parent or Legal Guardian Name: _____ Phone _____

Address: (If different from above): _____

[This section intentional blank]

APPLICANT SIGNATURE, BACKGROUND AND FINANCIAL VERIFICATION AUTHORIZATION

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situation. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from receiving a service dog.

I authorize investigation of all statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail is available concerning my application for a service dog. My signature below further authorizes Canines for Veterans to obtain criminal background information and financial credit verification for the purposes of determining my ability to maintain and care for a service dog if provided from Canines for Veterans.

All information shall be used solely for the purpose of this transaction. A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original. I understand that any information obtained by Canines for Veterans is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications for a service dog.

Applicant Signature: _____ Date: _____

Parent or Legal
Guardian Signature: _____ Date: _____
(Required for Applicants under 18 years of age)

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MEDICAL INFORMATION

A. Primary Diagnosis: _____ Date of Onset or Diagnosis (M/DD/YY): _____

B. Secondary Diagnosis: _____ Date of Onset or Diagnosis (M/DD/YY): _____

C. Other Diagnosis: _____

D. Height _____ Weight _____

E. Verbal Skills – On a scale of 1 (non-verbal) to 10 (fluent with clear enunciation), please rate the quality of your verbal communications. Non-verbal 1 2 3 4 5 6 7 8 9 10

Medications: _____

G.. Dominate Hand: _____ Right _____ Left _____

H. Primary Physician: _____ Phone _____

ADAPTIVE EQUIPMENT BEING USED – Complete this section for Mobility Impairments (check all that apply)

- Manual Wheelchair
- Power Wheelchair: Joy stick on Right or Left
- Power 3-Wheel Cart
- Crutches: Type (specify): _____
- Braces: Types (specify): _____
- Prosthesis: Type (specify): _____
- Cane: Type (specify): _____
- Walker: Type (specify): _____
- Other: _____

[This section intentional blank]

SYMPTOMOLOGY EXPERIENCED – Complete this section for psychiatric impairment (PTSD)

For each item on a scale of one (does not limit daily function) to 10 (fully limits daily function) answer each of the following:

	1	2	3	4	5	6	7	8	9	10	NA
Distractibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrusive imagery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dissociation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashbacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyper vigilance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Startle Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoidance Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of being Threatened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MORALITY

- A. Have you been charged with any criminal offenses, INCLUDING traffic violations? Yes No
- B. Have you ever been convicted of any crimes, INCLUDING traffic violations? Yes No
- C. Do you have a history of violence? Yes No
- D. Do you have a history of harming animals? Yes No
- E. Have you ever become so angry/frustrated that you have struck someone? Yes No
- F. Do you have a history of fighting? Yes No
- G. Have you ever harmed yourself, i.e. cutting, burning, hitting self? Yes No

HOW DOES YOUR DISABILITY AFFECT YOUR DAILY LIVING – WHAT ARE YOUR FUNCTIONAL LIMITATIONS?
(describe problems carrying items, problems walking distances, problems leaving home on your own, ability to be in crowds, ability to be in large groups, etc.)

VOCATIONAL ISSUES

- A. Are you presently employed? Yes No Fulltime or Part-time (# hours per week) _____
Employer: _____
- B. How do you get to/from work? _____
- C. Describe your work environment (large/small office, high rise, downtown, suburban, rural location, indoors, outdoors, etc.)

- D. If not presently working, do you plan on becoming employed? _____
- E. Do you receive support from services such as Vocational Rehabilitation or Independent Living?

- F. Do you presently receive income as a result of your disability? If so, from where? (Social Security Disability, SSI, former employer, insurance settlement, trust fund, etc.) _____

- G. How will a service dog enable you to perform your job more efficiently? _____

EDUCATIONAL ISSUES

- A. Are you currently enrolled in school? Yes No What grade? _____ What Major? _____
- B. Name of school/college/university: _____
Anticipated date of graduation (M/DD/YY): _____ Degree: _____
- C. How do you get to/from school? _____
- D. Do you currently receive support services during school? (Classroom aide, peer tutor, adapted materials, etc.)

- E. How will a service dog enable you to access your school environment more independently? (Carry books, open doors, retrieve items, physical support for walking, etc.)

COMMUNITY ACCESS ISSUES

A. Do you have daily access to transportation? Yes No

If no, how do you get around? _____

B. Do you drive yourself? _____ Yes No

If no, who is your primary driver? _____

C. Do you have an adaptive vehicle? (if so, explain type: hand controlled auto, hand controlled van, van with a lift, etc.) _____

D. List any problems you have concerning transportation or community access (opening/closing doors, using controls for lifts, etc.) _____

HOUSEHOLD ISSUES

A. How many people live in your household? _____ Please give names/ages/relationship to you:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Anyone in your home allergic to dogs? Yes No
If yes, explain: _____

C. Do you have pets? _____ How many? _____
Please list name, breed and age of pets:

<u>Name</u>	<u>Breed</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your dog(s) eliminate inside or outside of the house? _____

D. Name of veterinarian _____ Phone _____
(Please submit the Veterinary Reference Form to your Veterinarian for completion. If you do not currently have a Veterinarian, please indicate "No Veterinarian at this time".)

E. Do you rent or own your home? Own Rent

Describe your home & neighborhood (house, apartment, mobile home, size of yard, fenced or un-fenced, city, suburb, country, etc.) _____

F. Is your home fully accessible to you? Yes No Not Applicable

Please describe modifications/adaptations presently available and note those needed but unavailable (wheel chair ramp, lifts, modified bathroom, raised counters, widened doorways, lowered light switches, alarms systems, etc.). _____

G. What type of support is available to assist you with care of your service dog (feeding, bathing, toileting, trips to the vet, etc.) in the event you are unable to perform these tasks both at home and at work or school?

MISCELLANEOUS ISSUES

A. In your own words, describe how a service dog will assist you to be more independent and more productive both at home and in your community – please be as specific as possible. Attach an additional sheet if necessary.

B. In your own words, how would having a service dog help you with your mental health and psychological needs? Attach an additional sheet if necessary.

C. Will you be physically and financially able to attend Team Training in Wilmington, NC and spend 6-8 hours per day for 5 to 7 days in order to learn how to command a service dog to assist you?

Please comment on any obstacles or issues to be addressed in order for you to attend Team Training:

D. Have you ever applied for a service dog from another organization? Yes No
If yes, please provide the name of the organization and date of application:

E. Have you ever been denied a service dog by an organization? Yes No
If yes, please provide the name of the organization and date of denial:

F. Have you received services from organizations that provide services to wounded veterans? Yes No
If yes, please provide the names of the organizations that have provided services to you:

Carolina Canines for Veterans

CONSENT TO CONTACT FORM

I, _____, give consent for the health care professionals listed below
(Print full name)

to release to Canines for Veterans information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside Carolina Canines, and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home for a service dog.

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

Primary Doctor _____
Address/City/State/ Zip _____

Home Health Care Assistant _____
Address/City/State/ Zip _____

Physical Therapist _____
Address/City/State/ Zip _____

Speech Therapist _____
Address/City/State/ Zip _____

Occupational Therapist _____
Address/City/State/ Zip _____

Recreation Therapist _____
Address/City/State/ Zip _____

Psychologist/Psychiatrist _____
Address/City/State/ Zip _____

Vocational Rehabilitation Counselor _____
Address/City/State/ Zip _____

Teacher _____
Address/City/State/ Zip _____

Other _____
Address/City/State/ Zip _____

Veterinarian _____
Address/City/State/ Zip _____

Personal Reference _____
Address/City/State/ Zip _____

Personal Reference _____
Address/City/State/ Zip _____

Applicant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____
(Required for child under 18 or person with legally appointed guardian)

CANINES FOR VETERANS
P.O. Box 12643, Wilmington, NC 28405
(910) 362-8181

Veterinary Reference Form

The following individual is an applicant for a service dog trained by Canines for Veterans a non-profit program dedicated to enhancing the lives of people with disabilities through the use of specially trained service dogs. The information requested below will assist us in assessing the suitability of this applicant's home for placement of a service dog. A **Consent to Contact Form** is attached. Should you have any questions regarding this matter, please feel free to contact us at (910) 362-8181. Thank you for your assistance in completing this form.

PLEASE PRINT

Applicant: _____ Phone (____) _____

Veterinarian _____ Phone (____) _____

Veterinary Practice/Clinic _____

Address _____

City/State/Zip _____

What species/breed and number of pets owned by this individual have you treated?

Dogs _____ Cats _____

Birds _____ Other _____

How long have you been treating this individual's pets? _____

What type of treatment have you provided to this individual's pets? _____

- Are this individual's pets' vaccination records presently up-to-date? Yes No
- Do this individual's pets receive monthly heartworm preventative? Yes No
- Do this individual's pets receive regular flea/tick protection? Yes No
- Does this individual demonstrate evidence of responsible pet ownership? Yes No
- To your knowledge, has this individual ever been accused or convicted of animal abuse/neglect, or harboring/unleashing a vicious animal? Yes No
- Do you recommend placement of a service dog in this individual's home? Yes No
- Would you consider offering tax deductible discounted or donated veterinary services for a service dog placed by Canines for Veterans? Yes No

Additional Comments: _____

Veterinarian Signature

Date