



Before filling out the application, we ask that you read the following information to ensure that you qualify as an applicant:

1. Freedom Service Dogs trains dogs for the following client types:
 - a. Individuals, 12 years and older, with mobility disabilities such as paralysis, MS, stroke, TBI, amputations, etc.
 - b. Veterans who have been formally diagnosed with PTSD, TBI or a physical disability.
 - i. Veterans who are diagnosed with PTSD and also have anxiety or depression are welcome to apply.
 - ii. Veterans diagnosed with PTSD and other mental health conditions such as bi-polar disorder, schizophrenia, borderline personality disorder, etc are not eligible for our program at this time.
 - c. Individuals with Autism, 12 years and older.
 - i. Children over the age of 10.5 years old are welcome to begin the application process but will not be matched with a dog until they are 12 years old.
2. Freedom Service Dogs is unable to provide service dogs at this time for the following conditions:
 - a. Low vision, or individuals who are blind
 - b. Individuals looking for a medical alert dog for diagnosis such as diabetes, seizures and severe allergies
 - c. Individuals who are deaf
 - d. Mental health diagnosis such as, schizophrenia, bi-polar disorder, borderline personality disorder, etc.
 - i. Non-military civilians with anxiety and/or depression
 - e. Non-military civilians diagnosed with PTSD
 - f. Children 12 years old and younger

If you have any questions about your eligibility for the Freedom Service Dogs program, please contact us at: [303.922.6231](tel:303.922.6231). You are also welcome to visit the FSD website and view our FAQ page at: www.FreedomServiceDogs.org

Freedom Service Dogs, Inc. (FSD) does not discriminate on the basis of race, color, creed, national origin, sex, age, religion, marital status, sexual orientation, gender identity or expression, veteran status, HIV/AIDS status, physical or mental disability for the purpose of service, employment, membership, volunteering, or leadership.



Application Checklist

Your application will be reviewed and an interview scheduled when all information has been received.

- \$25 Application Fee**
- Part A-Client Application**
 - **Client Portion of Application**
- Part B – Background Check**
- Part C**
 - **Video/Photo Outline**
 - **Two Letters of Recommendation**
 - **For Non-Active Military: A Copy of Your DD214 Form**
- Part D - Medical Form**

7193 S. Dillon Ct.
Englewood CO 80112
Phone: 303-922-6231 Fax: 303-922-6234

FSD will keep your entire application confidential. Your video and written application will become the property of Freedom Service Dogs, Inc.

Please review the application instructions before completing this form. Your application will be reviewed and an interview scheduled when all information has been received.

Part A - Client Application, completed by client, a Video of your home and environment (still photos are fine if providing a video is difficult), two letters of recommendation and a \$25.00 application fee.

Part B - Medical Form, completed by your physician or therapist, describing your disability.

APPLICATION PART A

Date _____

First Name _____ MI ____ Last Name _____

Date of Birth _____ Age _____ Height _____ Weight _____ Sex: M F

Address _____

Street City State Zip

Home Phone _____ Work Phone _____ Employer _____

Cell Phone _____ E-mail _____

Name of Nearest Relative _____ Relationship _____

Address of Relative _____

Street City State Zip

Relative's Home Phone Number _____ Work Phone _____

This application must be IN THE WORDS OF THE PERSON WHO WILL USE THE DOG. If writing is difficult for you, provide name and relationship of person transcribing your words.

Name _____ Relationship _____

How did you learn about FSD? _____

Military Personnel Only:

Do you have a military affiliation? _____

What branch? _____

Are you active or Retired? _____

For non-active military clients, please attach a copy of your **DD214** form to this application

Please select from the following list the type of dog that would be best for your current situation:

Service Dog

A service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access.

A service dog can be placed with a client that is at least 16 years of age or older and is capable of handling the dog in public without assistance.

Service Dog - 3rd Party

A 3rd party service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access providing that a parent or guardian is with the client at all times when in public. Third party service dogs are available to clients that are between the ages of 12-16 or unable to handle a dog in public without assistance from a guardian or care giver.

Skilled Companion Dog

A skilled companion dog is trained in basic obedience skills and some custom tasks to assist a client with a disability. The dog is not granted public access and is trained to assist the client only in the home.

Skilled Companion Dog - 3rd Party

A 3rd party skilled companion dog is trained in basic obedience skills and some custom tasks to assist a client with a disability. The dog is not granted public access and is trained to assist the client only in the home. A third party skilled companion dog is available to clients that are between the ages of 12-16 or unable to handle a dog in the home without assistance from a guardian or care giver.

Freedom Service Dogs strives to provide a supportive environment for our clients. We adhere to Assistance Dogs International's policy of "Standards and Ethics Regarding Clients" throughout our program and amongst all of our staff.

What is your disability?

Most FSD dogs assist people with primary mobility impairment, such as multiple sclerosis, muscular dystrophy, cerebral palsy, spina bifida, paraplegia, tetraplegia, arthritis, amputation, stroke, or traumatic brain or spinal cord injury. FSD may also provide companion dogs for autistic clients. FSD does **not** train dogs to assist individuals with seizure disorders, blood sugar disorders or those with significant vision or hearing impairment.

Do you have any other diagnosis, including mental health diagnosis?

How long have you been disabled? _____

If disability was caused by injury, what progress has been made post injury?

Please indicate the devices that you use: Wheelchair: manual power both
 Crutches Cane 3-wheel electric scooter Sip and puff
 Other _____

Which do you use most often? _____

Do you drive? _____ Take a bus? _____ Cab? _____ Other? _____

Describe your physical strengths and abilities. (Circle one number for each limb.)

<u>Left</u>	No Use → → → → Full Use	<u>Right</u>
Hand Strength	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Dexterity	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Arm Strength	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Upper-Body Strength	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Leg Strength	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Leg Control	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10

How often do you fall? _____

Can you catch yourself when you fall, or do you fall like a tree? _____

Please rate: (On a scale of 1=Poor – to – 10=Normal)

Your Speech? ____ Easily understood ____ Tone variation ____ Volume

Do you use a word board? Yes No Other _____

Your Vision? ____ Do you use corrective lens? Yes No

Do you need? Large font Audio tape Note taker Other _____

Your Learning Ability? ____ Need assistance, namely _____

Your Hearing? ____ Hearing Aid ASL _____

How do you handle the following?

Routine medications By yourself Assisted Provided by others

Your finances, checkbook By yourself Assisted Provided by others

Housecleaning: By yourself Assisted Provided by others

Meals By yourself Assisted Provided by others

Getting dressed By yourself Assisted Provided by others

Shopping; groceries, etc. By yourself Assisted Provided by others

Personal Care By yourself Assisted Provided by others

What personal attendants (including family members) do you use? Personal Care Aide

Cooking Cleaning Medical Other _____

Describe how many attendants and how often? (Daily, weekly?) _____

Please describe your limitations – mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, your ability to read and understand written material, and **anything** that might help us understand your needs.

What work, school, or rehabilitation program(s) have you completed? _____

What is your current work or school schedule? _____

What are your plans for work or school? _____

List the people living in your home, including their ages and their relationship to you.

Do any other members of your household have a physical or mental disability?

No Yes If so, how are they disabled and what are their limitations?

Please describe your home and yard. _____

Is your yard fenced? No Yes If yes, how high is your fence? _____

If your yard is not fenced, if your fence is too short or needs repair, will you be able to put up a secure fenced area **before** you receive your dog?

Yes No _____

What pets do you have now? Describe type and age.

Veterinarian's name and phone number.

If you have a dog now, would you be willing to give up your present dog, if it cannot get along with an FSD dog? Yes No (Explain)

If your present dog is not well-mannered, are you willing to train your dog before you receive your FSD dog? Yes No (Explain)

What dogs have you had before? Describe what kind and how old you were.

Have you ever re-homed a pet? If so, what was the reason?

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your FSD dog?

How will you handle the care of your FSD dog if you are hospitalized? _____

Will it be difficult for you?

- To attend placement classes at the FSD Training Center in Englewood, CO for four hours a day for 3 weeks? Yes No
- To limit your calendar for the 30-day bonding period? Yes No
- To attend an approved Obedience Class? Yes No

Please explain any Yes answer

Living with a Freedom Service Dog

Do you agree to the following conditions?

- That there is a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8 to 10 years.
 Yes No, explain _____

- That an FSD dog will spend most of their time **with their partner** at home AND at work, at school, and social events if he/she is certified for public access and that no FSD dog will be in a yard or kennel for long periods of time.
 Yes No, explain _____

- That an FSD Dog is not a family pet – he or she has a specific function in their partner's life and minimal interaction with others.
 Yes No, explain _____

- That you and your dog are ambassadors for Freedom Service Dogs, as well as for the entire assistance dog industry (guide, hearing, and service dogs) and you will be expected to maintain your dog's appearance and manners, as well as your handling skills.
 Yes No, explain _____

- That an FSD dog cannot be allowed off leash except in a secure area. Exercise and elimination must be done on leash or in a fenced yard or dog run.
 Yes No, explain _____

- That you must assume full responsibility as caretaker of your FSD dog, in charge of their safety, health, and welfare. Their needs include:
 - **Medical care** – all care prescribed by your veterinarian and routine annual care as directed by FSD. Yes No, explain

 - **Nutritional care** – including use of a good quality dog food and maintaining your dog’s proper weight. Yes No, explain

 - **Daily exercise and play** Yes No, explain

- That you assume full responsibility for maintaining appropriate training and behavior, annually updating your ADI public access certification or Canine Good Citizen certification as applicable. You must maintain identification for public access, if applicable. Yes No, explain _____

- That you must assume full responsibility for cleaning up after your dog eliminates in public and for repairing any damage caused by your dog. Yes No, explain

Sign below if you agree to the conditions listed above. Attach additional sheets if needed to explain any ‘No’ answer.

Signature of Applicant _____ Date _____

Finance Worksheet – Planning For Your Dog

The below questions are meant for you to think critically about the financial impact a service dog may have on your life. While FSD does not charge our clients for a service dog, we do require that our clients assume the financial responsibility that goes along with caring for the dog, including (but not limited to) food, veterinary care, treats, toys, beds, and (possibly) boarding. Please carefully consider the following questions:

- We estimate that the cost of a service dog is approximately \$2000 per year. This is a basic estimate based on the cost of food, a yearly checkup for your dog, vaccinations, and a small stipend for unexpected veterinary occurrences. Do you feel comfortable taking on this cost? Yes No, explain

- Although the above amount of \$2000 per year is a good place to begin budgeting, unexpected veterinary occurrences can happen. Please read the following scenario and explain how you would respond to the circumstances.

You have taken your dog to a dog park for some exercise and play. Your dog starts playing with another dog and they are tumbling around the yard. Later when you get home, your dog appears to be limping and cannot put any weight on one of his legs. You take your dog to the vet and find out that he has torn a ligament and needs TPLO surgery – a not uncommon occurrence in large dogs. The cost will be anywhere from \$2,980-\$3,180 for surgery and post-operative expenses. Please describe how you would proceed.

- Is there a limit to the amount you could spend on veterinary care?

- How much is too much to spend? \$ _____

- Would you ever consider euthanasia due to medical costs?

- Have you ever, in the past, had to euthanize a pet due to the cost of medical care? If yes, please describe the situation:

Source of Income

Professional Self-Employed Government Benefits Other

If you are employed, please describe your work: _____

Number of years in current place of work: _____

Monthly Income: \$_____

Please estimate the following expenses on a **Monthly** basis where applicable:

- Rent/Mortgage \$_____
- Utilities \$_____
- Medical Care \$_____
- Car Payments \$_____
- Credit Card Payments \$_____
- Expenses for other animals in your home \$_____

Please take a moment to think critically about your monthly expenses and budget. Using this information and your current income, please fill out the following “Finance Worksheet” using your best estimates to map out what you can afford on a **MONTHLY** basis for your dog.

- Dog food: \$_____ (You can estimate that your dog will eat between 2-4 cups of dog food per day, depending on the size of the dog).
- Treats: \$_____
- Toys: \$_____
- Grooming: \$_____ (this cost will vary dramatically based on the type of dog you get. If you have specifically requested a poodle or poodle mix, this cost will be higher).
- Savings towards veterinary expenses: \$_____

Return Part A of the **Client Application and your Video** to:

Freedom Service Dogs, Inc., 7193 S. Dillon Ct. Englewood, CO 80112

If you have questions, call us at (303) 922-6231

Application Part B – Background Check

In order for us to completely process your application and schedule an interview, we will need a completed background check. Please fill out the information below. We will run the background check for you and destroy the sheet containing your SSN. Please type or print clearly.

First Name: _____ Middle Name: _____ Last Name: _____

Gender: _____

Email: _____

Social Security Number: _ _ _ - _ _ - _ _ _ _

Date of Birth: _____

Current Address:

Country: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Date Moved In: _____

Have you ever been convicted of a crime? A conviction will not necessarily bar you from receiving a dog.

Yes No

If yes, please describe:

Application Part C

Video Outline

Please provide a 10-15 minute video **in DVD format** and submit with Part A of your application. Include the following information and label the video with your full name. If video equipment is unavailable to you, still photos are fine, be sure to address **ALL** of the items listed below.

Your video is critical. FSD reviews it frequently during the placement process:

- a. **Initially**, to see **IF** we can train a dog for your needs and accept you as a client
- b. **When matching teams**, to evaluate whether a dog in training fits your lifestyle and your needs
- c. **During custom-training** of the dog to meet your needs

1. Describe yourself

- Name and address.
- Tell us about your family, friends, and personal attendants.
- Tell us about your pets (past and present).
- Describe your daily routine – work, school, and other activities.

2. Describe your disability – Tell us about:

- The history of your disability.
- Your accomplishments.
- Your limitations.
- Your activity level.
- Your daily routine.

3. Demonstrate your mobility level

- Show us how you move around inside your home and workplace or school.
- Show us how you use your adaptive equipment.
- Show us how you transfer.
- Show us your mode of transportation outside your home.

4. Describe what your dog would do

- How do you think a dog will be able to help you?
- What skills would you need?
- What are your expectations of an assistance dog?
- Do you currently have or have you ever had a service dog? If so:
 - a. Where did you get your service dog (organization, private trainer, self-trained, other)?
 - b. How many years did the dog work with you?
 - c. If you still have the dog, show your service dog interacting with you.

5. Show your environment

- Home – Video the interior and exterior of your home, your yard (including any fencing), and your neighborhood (where you might walk with your dog)
- Show your interaction with any present pets you may have.
- Other – Video your work, school, recreational and/or social environment.

Letters of Recommendation

Please list the name and contact information of two people who will provide letters of recommendation for you. We will need a physical letter from both people either included with the application or sent separately to Freedom Service Dogs.

- 1) Personal (not a relative)
- 2) Professional (therapist, doctor).

Please send letters of recommendation to:

Freedom Service Dogs, Inc.
7193 S. Dillon Ct.
Englewood CO 80112
Fax 303-922-6234
info@freedom servicedogs.org

1. _____

2. _____

Freedom Service Dogs, Inc. (FSD) Client Application

Client Application Part D Medical History Form

Please ask your physician or therapist to complete this form. Sign the release below and ask your physician to return it directly to FSD.

Patient's Last name _____ First _____ Sex: ___ Date of Birth _____

Release of Medical Information

This authorizes you to release information regarding my condition to Freedom Service Dogs, Inc. This information will be used to evaluate and assess my situation and is essential for FSD to train a service dog to increase my independence All information is confidential.

Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.

Printed name _____ Date _____

Signature _____

Relationship or title and agency

Agency address and phone number

To the Physician or Therapist:

- We maintain confidentiality of our clients' records. What you write here will not be shared with your patient unless you give express permission.
- If you have questions, please contact Freedom Service Dogs, Inc. at (303) 922-6231. Please mail the completed form to:

Freedom Service Dogs, Inc.
7193 S. Dillon Ct.
Englewood, CO 80112
or fax to (303) 922-6234

Practitioner's Name: _____ Specialty: _____

Address: _____

Telephone: _____ Fax: _____

Date of last examination: _____ Length of association with patient: _____

Freedom Service Dogs, Inc. (FSD) Client Application

What is patient's primary diagnosis? _____

What other conditions/diagnoses does the patient have? _____

Prognosis for duration of impairment(s):

Prognosis for progression of impairment(s):

Prognosis for lifespan:

Medications taken on a regular basis (please list): _____

How severe is the patient's mobility impairment? (Please circle)

<u>None</u>		<u>Needs assistive device</u>		<u>Needs full-time care</u>
1	2	3	4	5

How severe is the patient's visual impairment? (FSD does not train dogs to assist visual impairment.)

<u>None/correctible with glasses</u>		<u>Needs assistive device</u>		<u>Blind</u>
1	2	3	4	5

How severe is the patient's auditory impairment? (FSD does not train dogs to assist auditory impairment.)

<u>None</u>		<u>Needs assistive device</u>		<u>Deaf</u>
1	2	3	4	5

How severe is the patient's cognitive impairment?

<u>None</u>		<u>Often needs assistance</u>		<u>Needs full-time care</u>
1	2	3	4	5

Do limitations affect patient's ability to control his/her own behavior?

<u>Normal</u>		<u>Moderate</u>		<u>Poor self-control</u>
1	2	3	4	5

How effective is the patient at handling and overcoming their limitations?

<u>Ineffective</u>		<u>Moderate</u>		<u>Very competent</u>
1	2	3	4	5

How reliable is the patient – on time for appointments, compliant with medications, etc?

<u>Unreliable</u>		<u>Moderate</u>		<u>Very reliable</u>
1	2	3	4	5

Freedom Service Dogs, Inc. (FSD) Client Application

To what degree do limitations affect patient's ability to perform Activities of Daily Living* (ADL):

Normal		Moderate		Totally reliant
1	2	3	4	5

* Activities of Daily Living (ADL) refers to the ability to meet personal care needs, i.e. feeding, bathing, dressing, etc., as well as the ability to perform tasks necessary for independent living, i.e., be compliant with therapy and medications, manage finances, maintain home, acquire outside services.

Cognitive and Emotional Evaluation of Patient:

	<u>Yes</u>	<u>Minimally</u>	<u>No</u>
A. Able to exercise judgment and make decisions necessary for ADL	___	___	___
B. Able to sustain attention span	___	___	___
C. Manifesting inappropriate behavior beyond his/her control	___	___	___
D. Able to control physical or motor movement sufficient to sustain ADL	___	___	___
E. Capable of perception and memory to the degree necessary to sustain ADL	___	___	___
F. Able to follow directions and learn to the degree necessary to sustain ADL	___	___	___
G. Under medication which impairs functioning	___	___	___
H. Capable of decisions about personal and others' needs and safety	___	___	___

Is incapacity due to or affected by patient's alcoholism or drug abuse? Yes No

IF YES:

A. Has patient ever been in treatment facility? Yes No

If yes, when and duration? _____

B. Has permanent damage resulted? Yes No

C. Has patient refused treatment or referral to a treatment center? Yes No

Freedom Service Dogs may be skilled at the following tasks:

- Manners and obedience
- Enhance balance while walking
- Retrieve dropped articles
- Enhance balance while going up or down stairs
- Push Lifeline or 911 button
- Provide brace for transfers or getting up from floor/chair
- Find and retrieve phone
- Assist in pulling wheelchair
- Find help
- Retrieve adaptive equipment
- Retrieve from refrigerator
- Carry items in mouth or backpacks
- Push handicap buttons
- Take items to another person
- Turn lights off and on
- Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off
- Open and close doors

Freedom Service Dogs, Inc. (FSD) Client Application

Freedom Service and Social dogs have good manners and basic obedience. Their job is to provide assistance with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving an FSD dog? If so, please describe:

Can you recommend that this patient receive an FSD dog? Yes No
Why or Why Not? _____

Do you feel that the client is capable of properly caring for a service dog? This would include the daily physical needs of the dog as well as the substantial financial commitment a service dog requires. (we estimate \$2000/ yearly) No Yes

May we contact you with questions? No Yes

Additional Comments or Remarks: _____

Signature of physician or therapist: _____ **Date:** _____

**Mail to: Freedom Service Dogs
7193 S. Dillon Ct.
Englewood, CO 80112
Fax to: 303-922-6234
Call: 303-922-6231
www.freedom servicedogs.org**