APPLICATION CHECKLIST

To be eligible to enter S.A.F.E 's service dog program you must be:

- In treatment with a licensed therapist (preferred) for trauma from sexual assault and/or domestic violence.
- Willing to submit to a criminal background check and be 18 years of age.
- Committed to taking the steps necessary to take charge of your life and your future.

APPLICANT INFORMATION pages 3-13

PHOTOGRAPHY AUTHORIZATION AND RELEASE page 14

Complete pages 3-10, sign and return to S.A.F.E by U.S. Mail or email.

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION pages 15-23
AND MEDICAL INFORMATION

Sign Provider's Release (Authorization to Disclose Health Information) on page 11-12, initial the bottom of page 11, then send pages 11-18 (Authorization to Disclose Health Information and Medical Information) to your Provider(s) to complete.

FAMILY / PARTNER QUESTIONNAIRE pages 24-26

Have a family member complete, sign and mail or email directly to S.A.F.E.

APPLICATION PROCESS

1. Please type or print clearly with blue or black ink only. Emailed copies must be in PDF format.
2. Complete Applicant Information (pages 3-13) of the application. Review and sign the Photography Authorization and Release (page 14). Mail both forms to:

   S.A.F.E Service dog program
   ATTN: Applications
   1115 Clay Pit Rd
   troy, ID 83823

   or email to: application@safesdp.org
3. Complete and sign the Authorization to Disclose Health Information (page 15-16). Initial bottom of page 15 and sign page 16. Provide the original to the medical professional(s) and send a signed copy with the applicants completed application to the address listed in #2 above.
4. Fill in the information requested on the top portion of page 17 and sign prior to giving to the applicant's medical provider(s).
5. Medical Information (pages 17-23) is to be completed by the applicant's Medical or Mental Health Provider(s). Please have the Provider(s) office send the Medical Information directly to S.A.F.E at the address listed in #2 above. If the applicant has multiple medical or mental health providers, have each one complete a form. We will not accept medical portion of application if not mailed directly from the medical provider.

APPLICATIONS WILL ONLY BE CONISDERED IF ALL PARTS OF THE APPLICATION ARE RECEIVED AND SIGNED.

6. Family Questionnaire (pages 24-26) is to be completed by a parent, spouse, significant other or family member currently living with the applicant. If the applicant lives alone, have the document completed by one of those qualified that see the applicant on at least a weekly basis. Please have the parent, spouse, significant other or family member send the Family Questionnaire portion of the application directly to S.A.F.E. at the address listed in #2 above.
7. Please note, sending in the application is only the first step in the application process. The application will be reviewed upon receipt; any additional information needed will be requested from the applicant, their medical professional or their family member. Once the application is complete it must be reviewed by the Application Committee for tentative approval. The timeframe between tentative approval and actual receipt of a service dog can be up to two years or more. It is important to send in all required documents so that the Application Committee can make an informed decision about the application. The applicant will be notified by a representative of S.A.F.E. as to the status of the application (put into the queue, deferred, etc.). ALL parts of the application must be received before the application is reviewed.
8. When S.A.F.E. is starting to put an applicant/service dog pairing class together, the applications will be reviewed by the Selection Committee. A representative of S.A.F.E. will contact the applicant to clarify any committee issues, answer any questions about the program and discuss the next steps in the application process.
9. Once a service dog is matched to the applicant, the applicant must be able to travel to Idaho and attend the entire training session required by S.A.F.E. If an applicant is unable or unwilling to attend the entire training session, they will not receive a service dog. If S.A.F.E. trains a service dog for an applicant and the applicant leaves the training session early, the service dog will remain at S.A.F.E. In this case, the applicant may be required to reimburse S.A.F.E. for all costs incurred in training the service dog as well as travel, room and board expenses incurred for the applicant.
10. Do not assume that answering a question in a particular way will automatically disqualify the applicant from the program. We are not looking for the "right" answer. We want honest answers. This will assist us in helping the applicant.
11. Questions regarding this process may be emailed to: admin@safesdp.org. Send us a note, including phone number, state that there are questions about the application process and we will call the applicant.

SERVICE DOG PROGRAM APPLICATION APPLICANT INFORMATION

Please note: Application must be completed by the applicant or answered under the direction of the applicant. If completed by someone other than the applicant, on a separate piece of paper, please identify the person completing the application and explain why the applicant is unable to complete the application on their own.

GENERAL INFORMATION

Name:

Address:

City: State: Zip:

Home phone: Cell: Fax:

Email:

Date of birth:

Height: Weight: Gender: Male Female

Marital status: Single Married Separated Divorced Other: ___ _____

Place of employment:

Address:

City: State: Zip:

Work phone: Fax:

Highest level of education completed:

Last school attended or attending:

City: State: Zip:

Emergency contact name:

Relationship:

City: State: Zip:

Home Phone: Cell: Fax:

Email:

HOUSING INFORMATION

With whom do you live? Alone With parent(s) With spouse or significant other

(Check all that apply) With attendant With roommate(s)

Other: _____

Do you have a strong support system? Yes No

If no, please explain:

What type of residence House Apartment Dorm Condo Mobile home

is your home? Other _____

How long have you lived there?

Does your home have a fenced yard, enclosed area or other space for a dog to exercise? Yes No

Do you own any pets? Yes If yes, what kind and how many:

No

CIVIL/CRIMINAL CHARGES

Yes No

Have you ever had, or do you have, pending criminal charges?

If yes, please explain:

Dates:

Have you served, or are you currently serving, parole or probation? Yes No

If yes, please explain:

Dates:

How frequently? Daily Weekly Monthly Other:

Have you ever been charged with driving under the influence? **Yes** **No**

If yes, please explain:

Dates:

Have you ever been charged with domestic violence? **Yes** **No**

If yes, please explain:

Dates:

OWNING A DOG

Have you ever owned an animal, specifically a dog? **Yes** **No**

If yes, please explain:

Have you ever rehomed, given away, or surrendered a dog / pet to animal shelter?

If yes please explain.

How do you feel about the use of a service dog publicly identifying you as a person with a disability?

Please explain:

Please describe the benefits you anticipate receiving from a service dog:

Define your need for a service dog (please be as specific as you can):

PERSONAL INFORMATION

The following questions are designed to help us select and train the right dog to match your temperament and emotional way of being. **Please answer the questions and use the space provided to include any additional comments you feel would help us understand your reactions to situations.**

How assertive are you in relating to people over a difference of opinion?

How self-confident do you feel when faced with new problems or uncertain circumstances?

Are you able to react calmly in a crisis? **Yes** **No**

Are you able to feel and express fear? Yes No

Are you able to feel and express sorrow? Yes No

Are you able to feel and express joy? Yes No

Are you able to feel and express anger? Yes No

Are you able to feel and express love? Yes No

Are you willing to learn new concepts even if they are contrary to your current beliefs? Yes No

Are you willing to assume full responsibility for your behavior? Yes No

Are you able to empathize (understand and relate to) with other people? Yes No

Are you willing to accept constructive criticism? Yes No

Are you able to laugh at yourself? Yes No

When challenged, do you feel able to stand your ground? Yes No

Are you able to control your emotions? Can you recognize when you are emotionally overwhelmed and take positive steps to gain control? Yes No

Are you a shy person?

yes No

Are you an emotionally sensitive person? Yes No

How committed are you to change your life and fully participate in what S.A.F.E. has to offer you?

Please explain:

Are you able to provide proper nutrition, cleanliness, warmth, grooming, bathing and exercise as well as ensure timely and proper veterinary care for the dog? Yes No

---

Do you have the capacity to meet the service dog's social and emotional needs throughout the dog's life? Yes No

---

How do you express anger / frustration?

Do you adjust your daily routines / habits to avoid specific people or situations? Yes No

Do you have days / periods of time where you are unable to leave your house to complete normal daily tasks/ work? Yes No

Do you have the ability, motivation and resources to accept responsibility for using the dog appropriately? Yes No

Do you have the financial means to travel to Moscow, ID if a face-to-face interview is necessary in the selection process? Yes No

Do you have the financial means or support to cover the annual costs of veterinarian care, flea and tick treatment, heartworm medication, supplies, and other medicine as needed for a dog? Yes No

All participants shall be familiar with, and comply with, the regulations implementing the Americans with Disabilities Act (ADA) for Title II and Title III, dated September 15, 2010 regarding the use of a service dog. ADA guidelines can be found online at www.ada.gov. Failure to do so could result in the loss of your service dog after graduation.

By signing this application the applicant is granting permission for S.A.F.E. staff to communicate with individuals designated in this application as medical or family.

I have disclosed all information to the best of my knowledge. I understand that failure to disclose, or providing a false response, shall be grounds for automatic disqualification from consideration for, or expulsion from, the program.

Signed: _____Date_____

Please mail the completed application form to:

S.A.F.E.
ATTN: Applications
1115 Clay Pit Rd
Troy, ID

or email to: applications@safesdp.org

PHOTOGRAPHY AUTHORIZATION AND RELEASE

I consent to being photographed/videoed by S.A.F.E., and/or its designee in connection with the training, promotion, marketing and educational endeavors of S.A.F.E., and/or its designee.

I understand that such photographs/videos may be published in any print, visual or electronic media, including, but not limited to, marketing materials, brochures, pamphlets, videos, website, social media, medical journals and textbooks, for the purpose of informing the medical profession, service dog training profession and/or the general public about service dog training methods for applicants with disabilities.

I understand that the photographs may portray features which will make my identity recognizable.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will not have any effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will automatically expire ten years from the date written below. I understand that I may refuse to sign this authorization and such refusal will have no effect on the services I receive from S.A.F.E.

I release and discharge S.A.F.E. and all parties acting under their direction and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use in publications, including any claim for payment in connection with distribution, licensing or publication or reprinting of the photographs.

I have read this Authorization and Release and have had an opportunity to consult legal counsel with respect to this. By placing my signature below I fully consent to the terms and conditions contained herein. This consent is a voluntary contribution in the interest of public education and I certify that I have read the above Authorization and Release and fully understand its terms.

Mail the completed form to:

S.A.F.E.
ATTN: Applications
1115 Clay Pit Rd
Troy , ID 83823 Or
email:
applications@safesdp.org

PRINT NAME: _____

SIGNATURE: _____ DATE: _____
WITNESS PRINT NAME: _____
WITNESS SIGNATURE: _____ DATE: _____

MEDICAL

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I, _____, hereby authorize _____
(patient/applicant) (provider)

to furnish the following medical information to: S.A.F.E., 1682 Highway 9, Deary, ID 83823.

Purpose of Disclosure: S.A.F.E. trains PTSD service dogs to identify early signs and symptoms related to emotional states that are occurring and provide notice to the applicant. Detailed information about symptoms and unwanted behaviors allows for more precise and effective training. In addition to providing highly trained service dogs to applicants suffering from PTSD, This Able Applicant conducts an intensive three-week, peer-supported, psychoeducational program that teaches human resilience skills. This program supplements the applicant's ongoing treatment provided by his/her medical/clinical team. In order for This Able Applicant to design individualized programming we need detailed information about the applicant's ongoing treatment programs and his/her responses to that treatment.

Patient's name:

Date of birth:

Dates of treatment:

Please provide the following information and mail it to S.A.F.E., ATTN: Applications, 1682 Highway 9 , Deary, ID 83823:

1. Admitting problem (may include intake summary)
2. Psychiatric, psychological and social histories
3. Physical exam and history
4. Current treatment plan
5. List of all current medications including dosages
6. Progress notes covering the last six months of service
7. Discharge summary (if client has been discharged from your treatment service)
8. Current diagnosis (or diagnosis at discharge)
9. Suicide or other risk assessments
10. Special observation or support needs related to safety or suicide prevention

By initialing below, I specifically authorize the release of my mental health, developmental disabilities, alcohol/ substance abuse and HIV/AIDS information:

_____
(applicant's initials)

APPLICATIONS WILL NOT BE REVIEWED UNLESS ALL SECTIONS ARE RECEIVED AND SIGNED.

MEDICAL

I understand that:

- I have the right to inspect and receive copies of information disclosed.
- I have the right to revoke this consent at any time.
- Revoking this consent shall have no effect on disclosures made before the revocation of consent.
- Any revocation of consent must be submitted in writing to the health care provider and signed by the person who gave the consent.
- If I refuse to consent to this disclosure of information, S.A.F.E. will be unable to enroll me into its program due to lack of medical information.

I agree that a photocopy of this authorization is as valid as the original.

Signed: _____

Date: _____ Expires:_____

If signature is not of patient, indicate relationship: _____

SERVICE DOG PROGRAM APPLICATION MEDICAL INFORMATION

(Completed by treating clinician)

MEDICAL OR MENTAL HEALTH PROVIDER RELEASE

Name of Provider: _____

Please release the requested medical information regarding my condition to S.A.F.E..
The information will be used to help the organization determine my eligibility to obtain a service dog.

Patient name (please print): _____

Patient Signature: _____ Date: _____

MEDICAL OR MENTAL HEALTH PROVIDER CONTACT INFORMATION

Provider name:		
Specialty:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		

Primary diagnosis/
Problem you are treating:

Date of diagnosis:

Cause of disability (if known):

Secondary disability/Medical conditions:

How many hours of attendant care does patient receive each week?

APPLICATIONS WILL NOT BE REVIEWED UNLESS ALL SECTIONS ARE RECEIVED AND SIGNED.

MEDICAL

Please indicate any special instruction/consideration related to patient's disability or medical conditions (For example hyperreflexia management, seizure precautions, etc.)

Please list all current medications and dosage, including medical marijuana, the patient is currently taking:

Please rate each of the following using these number descriptions:

0 = non-applicable 1 = mild 2 = moderate 3 = severe

Motor impairments _____Weakness _____Spasticity _____Coordination _____Other

Sensory impairments _____Vision _____Hearing _____Loss of sensation

Cognitive impairments _____Attention _____Memory _____Problem solving _____Judgment Communication impairments _____Comprehension _____Expression _____Speech

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS

Please rate each of the following using these number descriptions:

0 = non-applicable 1 = mild 2 = moderate 3 = severe

_____Depression
_____Appetite disturbance
_____Lack of empathy
_____Anxiety
_____Sleep disorder
_____Insomnia
_____Intrusive thoughts
_____Impaired self-esteem
_____Suicidal ideation
_____Hyper-vigilance
_____Panic attacks
_____Nightmares
_____Irritability / Anger control issues
_____Suicide attempts
_____Difficulty focusing on one thing
_____Hopeless / Helplessness
_____Isolation/Emotionally cut off
_____Exaggerated startle response
_____Difficulty relating to family/friends
_____Flashbacks
_____Emotional numbness / Detachment / Restricted affect

_____Substance abuse (alcohol/ drugs): If applicable, please describe in more detail the type and severity.

MEDICAL

If there are other behaviors or habits that are affecting the patient negatively, please explain below.

Is patient currently participating in treatment? If yes, explain the treatment and the patient's response.

Has the patient received treatment in the past? If yes, please explain the nature of the treatment and the patient's response.

Has the patient participated in an in-patient or out-patient mental health program? Yes No

If yes, please explain:

MEDICAL

Did patient comply with treatment recommendations? Yes No

History of psychiatric, psychological/behavioral hospitalizations (include dates):

Date of admission	Involuntary admit	Hospital (name and city)	Admitting problem/ Diagnosis	Discharge date
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			
	Yes No			

ADDITIONAL MEDICAL CONDITIONS

_____Cardiovascular disease _____Respiratory disease _____Diabetes

_____Seizure disorder _____Chronic pain _____Neurogenic bladder

_____Neurogenic bowel _____Other _____

ASSISTIVE DEVICES

(Check all that apply)

_____Manual wheelchair _____Power wheelchair/scooter _____Walker _____Crutches

MEDICAL

_____Cane _____Orthotics _____Prosthesis _____Hearing aid

Please rate (write number on the line in front of the activity) the Functional Independence Measure (FIM) levels for the following motor activities based on this scale:

NO HELPER	HELPER-MODIFIED INDEPENDENCE	HELPER-COMPLETE DEPENDENCE
7. Complete independence ( )	5. Supervision	2. Maximal assistance (can perform 25% of activity)
6. Modified independence (device)	4. Minimal assistance (can perform 75% of activity)	1. Total assistance (can perform 0% of activity)
	3. Moderate assistance (can perform 50% of activity)	

Self-care

_____Eating _____Grooming _____Bathing _____Dressing-upper body _____Dressing-lower body

Sphincter control

_____Bladder management _____Bowel management

Transfers

_____Chair, wheelchair _____Toilet _____Tub, shower

Locomotion

_____Walk & wheelchair _____Walk _____Wheelchair _____Stairs

Would you recommend this individual for a service dog? If no, please explain: Yes No

Do you think S.A.F.E. would benefit from a consultation with you to help us facilitate placement of a service dog for this patient? Yes No

If yes, please provide a telephone number or email to initiate consultation.

APPLICATIONS WILL NOT BE REVIEWED UNLESS ALL SECTIONS ARE RECEIVED AND SIGNED.

MEDICAL

Do you think this individual has the ability to care for a dog or implement the help necessary to care for a service dog?

Do you think this patient requires special supervision or other supports necessary to prevent him/her from self-harm or from harming others? If yes, please explain. Yes No

Is there anything you would like to talk to us personally about concerning this patient? Yes No

If yes, please explain and provide a telephone number or email to initiate consultation

MEDICAL

Additional comments/observations:

Provider signature: _____ Date: _____

Please mail the completed medical history form to:

S.A.F.E.
ATTN: Applications
1115 Clay Pit Rd
Troy ID 83871

APPLICATIONS WILL NOT BE REVIEWED UNLESS ALL SECTIONS ARE RECEIVED AND SIGNED.

FAMILY

SERVICE DOG PROGRAM APPLICATION
FAMILY QUESTIONNAIRE

(Completed by parent, spouse, significant other or other family member that currently lives with or sees the applicant on a weekly basis.)

All comments and responses are confidential and will not be shared with the applicant. This form is intended for This Able Applicant's assessment purposes only. Truthful, honest and full disclosure is extremely important to a proper assessment and potential placement of a service dog.

Name:		
Applicant name:		
Relationship to applicant:		
Address:		
City:	State:	Zip:
Home Phone:	Fax:	
Email:		

APPLICANT'S MENTAL AND EMOTIONAL STATUS:

Do you feel the applicant acts in ways that are beyond his/her control? If yes, please explain: ☐ Yes ☐ No ☐ Minimally

Can the applicant learn and follow direction to the degree necessary to take care of a service dog? ☐ Yes ☐ No ☐ Minimally

Is the applicant able to make rational decisions about protecting herself/himself as well as the needs and safety others? ☐ Yes ☐ No ☐ Minimally

Is applicant's disability affected by drug or alcohol use or abuse? ☐ Yes ☐ No

Is the applicant capable of making rational decisions? ☐ Yes ☐ No

Does the applicant pose a danger to herself/himself or others? ☐ Yes ☐ No

If yes, please explain:

FAMILY

APPLICANT'S MENTAL AND EMOTIONAL STATUS (continued):

Does the applicant exhibit awareness of surroundings?

Is the applicant oriented to time, place and person? ☐ Yes ☐ No

Does the applicant have an appropriate attention span? ☐ Yes ☐ No

Does the applicant have the ability to relate positively with others? ☐ Yes ☐ No

Can the applicant communicate ideas clearly? ☐ Yes ☐ No

Can the applicant follow, absorb and incorporate step-by-step instructions? ☐ Yes ☐ No

Is the applicant able to form insights, judgments and plan a course of action? ☐ Yes ☐ No

☐ Yes ☐ No

FAMILY QUESTIONS

What are the benefits you anticipate the applicant will experience as a result of a service dog?

What are the benefits YOU anticipate experiencing as a result of the applicant obtaining a service dog?

Do you have any concerns about the applicant obtaining a service dog? If yes, please explain: Yes No

Are any members of the applicant's support system allergic to dogs, dog hair or dander? Yes No

Would you like clarification or need to speak to us for additional information?

Thank you for taking the time to complete this questionnaire. If the applicant is accepted, we look forward to working with you as a helpful contributor to their recovery.

Please mail the completed questionnaire to:

S.A.F.E.
ATTN: Applications
1115 Clay Pit Rd
Troy ID 83871

Applications@safesdp.org