



ALL AMERICAN ASSISTANCE DOGS

Providing Service Dogs to Veterans

VETERAN APPLICATION TO APPLY FOR A SERVICE DOG OR SERVICE DOG TRAINING

Welcome to All American Assistance Dogs (AAADogs). You are about to embark on a private and intense journey. As you weigh the pros and cons of bringing a service dog into your life or the life of a loved one, please consider the following:

The first year of your life with a service dog will be labor intensive and time consuming. The same amount of time, patience, and attention will be required of you as though you had brought home a new baby.

Our dogs are selected for their intelligence and trainability. And we work carefully to make the best match for you. However, once the dog arrives in your home, you are the key to the dog's success. The dog will test your limits and your patience. They will do odd things, . . . not respond at times, want to play during training, not pay attention. It may take a minimum of six months to bond with your family.

You will be successful if you apply consistency, train daily, keep time commitments and have patience. With hard work and an ability to laugh at the unexpected and accepting the challenge you are up for, your TEAM will succeed, as if by magic. When you take the leap, and see it through, this dog will truly change the lives of everyone around them.

NOTE:

1 If you are seeking assistance in training your own dog through AAADogs, please call or email us directly at: info@aaadogs.org to discuss and once you have talked to us, complete and submit this application.

2 If you are seeking a service dog through All American Assistance Dogs, please complete the following application. **WE REQUIRE A NONREFUNDABLE \$25.00 FEE FOR PROCESSING THIS APPLICATION AND THE PARTNERING YOU WITH A DOG.**

“Our Service Dogs Help Our Healing”

Vision of Aaron McCarthy,
an AAADogs co-founder

CHECKLIST

Please make sure ALL the following are attached to your application and initial below to indicate that each is enclosed. The preferred way to submit the application is to **scan it and email to us** at info@aaadogs.org. Then send via US Mail a copy of any one page with your signature along with the \$25.00 to AAADogs at **PO Box 4883, Federal Way, WA 98063**.

Remember to make a copy of the complete application (including attached pages) for your records. Thank you

*Initial
Here*

Letter of recommendation AND prescription from Psychiatrist or PCP. The letter should indicate, at a minimum: "A service dogs for the management of symptoms associated with (Veteran's diagnosis)" AS AN ALTERNATE, PROVIDE YOUR "RATING DECISION LETTER"

*Initial
Here*

Copy of your DD214

*Initial
Here*

Two letters of personal recommendation by individuals involved in your daily life. The letters should describe how the recommender sees you benefitting from a service dog. One letter should be from a spouse, companion or relative you live with; and the other should be from someone you spend time with (a few days a week at a minimum). (See below for content ideas)

*Initial
Here*

Your personal Letter of Intent explaining why you feel a service dog should be a part of your life (See ideas below)

*Initial
Here*

Picture of yourself (headshot).

*Initial
Here*

\$25.00 non-refundable application fee (payable to All American Assistance Dogs)

Ideas for Veteran's Letter and Personal Recommendation Letters:

- Why you should have a service dog
- Why do you (your family) or (friend) believe you will succeed in training with the dog
- What support you can expect from your family as you start this adventure
- What challenges do you expect and how will you meet them.

SERVICE DOG APPLICATION

Name: _____ Date of Birth: ___ / ___ / ___

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone:(_____) _____ - _____ Cell:(_____) _____ - _____

Email Address: _____

Branch of Service: _____

Rank last held: _____ Dates of Service: _____ - _____

Emergency Contact: _____

Street Address _____ City: _____ State: _____ Zip: _____

Phone:(____) _____ - _____ Relationship: _____

Are we authorized to leave a message on the phone number you provided for self?

___Yes ___No (initial your response)

Are we authorized to contact the emergency contact and leave a message, if needed, on their phone? ___Yes ___No (initial your response)

Who do you live with: (names, relationship and age): _____

Who do you have in your life that provides familial-type support? Are they local? _____

Do you have siblings? What age are they and what, if any, disabilities do they have (describe)

Do you plan to move from the south Puget Sound area within 12 months? ___Yes ___No

Where?: _____

SERVICE DOG APPLICATION: cont.

Primary Disability: _____ Date of Diagnosis: _____

Secondary Disability: _____ Date of Diagnosis: _____

Cause of Disability (if known): _____

Degree of Disability (%): _____% Do you require a wheelchair for mobility? _____

Height: _____ Weight: _____ Gender: _____

How many hours a day and days per week are you:

In school: _____ Hours per day, _____ days per week

At therapy: _____ Hours per day, _____ days per week

At work (paid or volunteer): _____ Hours per day, _____ days per week

What types of therapy are you currently involved in (including applicable special programs):

List medications and frequency (attach additional sheets if necessary):

Do any other pets reside in the home (dogs, cats etc...), if so list name, age, breed and any behavior issues (aggression, resource guarding, etc.)

Have you owned a dog? ___Yes ___ No As a child, did you have a dog? ___Yes ___ No

What tasks do you want / need the service dog to help you with? _____

Do you have a dog now that you hope will be your service dog? ___: If so, describe:

**Note that your currently owned dog may be used only if it passes the AAADogs temperament test and is suitable for the service dog tasks you require. Having a dog of your own, or not will not determine program acceptance.*

SERVICE DOG APPLICATION: cont.

Please mark all conditions that apply using these number descriptions:

0 – not applicable, 1 – mild, 2 – moderate, 3 - severe

Seizures		Racing Thoughts		Distractibility	
Panic Attacks		Mood Swings		Hallucinations	
History of suicide attempts		Medication side effects		Feelings of isolation	
Night Awakenings		Nightmares		Disassociation	
Hyper-vigilance		Avoidance behaviors		Startle Response	

Please describe your:

Violence: To Self _____ To Others _____ To Property _____

Self Stemming Behaviors: _____ Self Care Behaviors: _____

Difficulty managing environment: _____ Difficulty completing tasks: _____

Impulsivity: ___Yes___ No In what form? _____

Smoking / Chewing Tobacco:_(self) _____(others living in home)_____*

Recreational drugs: (self)_____ (others living in home)_____*

(*AAADogs dogs will not be placed in homes where smoking / chewing or recreational drugs are used, or have been used in the past 6 months. Applicant must be smoke / chew and recreational drug free at least 6 months before an application will be considered.)

Alcohol use: _____

Substance abuse treatment: _____ Number and when: _____

Any repercussions to DUI, job loss, etc.? Please describe with dates _____

The information on this application is correct to the best of my knowledge.

Applicant signature: _____ Date: ____ / ____ / ____

If the applicant is a minor, under guardianship the parent or duly authorized representative is required to sign pursuant to State and Federal Law.

Signature _____ Date: _____

Relationship: ___Parent___ Legal Guardian

RELEASE OF LIABILITY

I agree to hold harmless All American Assistance Dogs (a 501(c)(3) organization) and related parties from any claim or lawsuit by me, my family, estate, heirs, or assigns arising out of my enrollment and participation in receiving a Service Dog through All American Assistance Dogs, including claims arising during or after the Service Dog-in-Training becomes certified as a Service Dog and I am no longer receiving active training or evaluation through All American Assistance Dogs.

I have read and understand this agreement, and agree to be bound by it.

Applicant _____
Date

(If applicant is a minor, the parent or legal guardian must sign below)

Legal Guardian or Parent of Applicant _____
Date

Printed name of parent or legal guardian

INTERVIEW AND PHOTO RELEASE FORM

I authorize All American Assistance Dogs to use and permit others to use my image, likeness, picture, video, etc. in all forms and media including informational and promotional materials including the All American Assistance Dogs website, social media, printed matter and presentations. I waive the right to inspect or approve versions of my image used for distribution or publication or the written copy that may be used in connection with my image. I understand that my name will not be used intentionally but may be disclosed on social media generated by others and shared on All American Assistance Dogs social media. It is the intention of All American Assistance Dogs to share photographs and the name of the dog you will be paired with on all such media as described above.

In giving this permission, I release All American Assistance Dogs, their board of directors and volunteers from any claims that may arise regarding the use of my image including claims of defamation, invasion of right to privacy or copyrights.

I have read and understand this agreement. This agreement expresses the complete understanding of the parties.

Signed: _____ Date: _____

Printed Name: _____

If applicant is a minor, signature of parent or legal guardian:

_____ Date: _____

Printed Name: _____ Relationship to Applicant: _____

HIPAA PRIVACY AUTHORIZATION FORM

Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)

1. Authorization I authorize All American Assistance Dogs board members and authorized volunteers to use and disclose the protected health information described below for review and evaluation of my application to All American Assistance Dogs.

2. Effective Period This authorization for release of information covers the period of evaluation and review from the date of this application for the period of time including evaluation and terminating after I no longer am affiliated with All American Assistance Dogs (either because the application was not accepted or the point I no longer have a service dog through All American Assistance Dogs).

3. Extent of Authorization: I authorize the release of my complete pertinent health record (including records relating to mental healthcare, communicable diseases, HIV or AIDS, and treatment of alcohol or drug abuse).

Signed: _____ Date: _____

Printed Name: _____

If applicant is a minor, signature of parent or legal guardian

Signed: _____ Date: _____

Printed Name: _____ Relationship: _____

**RELEASE FOR HOME CHECK BY AAADOGS
PRIOR TO ACCEPTANCE IN AAADOGS PROGRAM**

The undersigned agrees and holds harmless All American Assistance Dogs (AAADogs) from any liability related to a visit to the home / living quarters of the veteran applying to AAADogs. The intent of the home check is to determine whether the home and environs are safe and suitable for an AAADogs dog. The home check is necessary whether the service dog-in-training is provided by AAADogs or will be a dog the veteran owns (provided the owned dog passes the AAADogs temperament testing and is deemed acceptable to provide the service related tasks required of a service dog for the subject veteran).

It is understood that during this home check, the representative from AAADogs will observe all rooms of the house and yard and will ask questions regarding others present in the house including children, adults and pets. The representative will evaluate other animals that are permanently in the home. Observations and questions will be asked regarding visitors to the house, neighboring children and dogs and conditions in the neighborhood.

The representative will also discuss with the veteran where the dog would sleep, eat, exercise, etc., as well as determine whether the children, or other pets or animals would be of concern when a service dog in training would subsequently live there,

The home check will also be an opportunity for you and other occupants of the house to ask questions regarding the dog and their integration into the household.

I agree that AAADogs may conduct a home check and hold AAADogs harmless for any actions that result from the home check.

Signed: _____ Date: _____

Printed Name: _____, Applicant

If applicant is a minor, signature of parent or legal guardian

Signed: _____ Date: _____

Printed Name: _____ Relationship: _____

AGREEMENT FOR FINANCIAL RESPONSIBILITY FOR THE AAADOGS SERVICE DOG AND VETERAN INVOLVEMENT - GENERAL INFORMATION

I _____ (AAADogs applicant) agree to provide financial resources for the AAADogs Service Dog-in-Training and subsequently Service Dog and for participation in the program. These financial resources include, but are not limited to:

- **While the AAADogs dog is living with the puppy raiser (foster home):**
 - Cost of transportation, tolls, etc. to visit the paired AAADogs dog at their foster home weekly
 - Incidentals, including an old tee-shirt that you wear and then bring for the dog to bond with at the foster home
 - Dog toys or other treats (as suggested by the AAADogs trainer and / or foster home)

- **After the AAADogs dog is living with the veteran:**
 - Dog food, of the type and quality recommended by the AAADogs trainer
 - Dog beds, in conjunction with suggestions from the AAADogs trainer after the puppy outgrows the bed supplied with the dog
 - Grooming for the dog including nail trimming as necessary
 - Medical insurance for the dog
 - Veterinarian bills, shots, monthly heartworm and flea treatments
 - Transportation to / from training sessions, the veterinarian and other outings as deemed necessary
 - Dog toys
 - Treats (as recommended by the AAADogs trainer)
 - Leashes and collars (service vest provided by AAADogs)
 - Any other needs of the dog

I agree to provide the financial resources for my participation and the needs of the dog for the life of the dog, whether the dog is provided by AAADogs or belonged to me prior to acceptance (acceptance not guaranteed) into the AAADogs program.

(Detailed information, including additional signature required, on the next page)

Signed: _____ Date: _____

Printed Name: _____, Applicant

If applicant is a minor, signature of parent or legal guardian

Signed: _____ Date: _____

Printed Name: _____ Relationship: _____

DETAILED ESTIMATED COST OF HAVING AN ALL AMERICAN ASSISTANCE DOGS SERVICE DOG

The information below is general guidance on the cost of having a service dog. Costs may vary depending on many factors.

While the dog is living with the foster family:		
Cost to travel from your residence to the foster family twice a month for visits (depending on your location or location of foster, this may involve bridge tolls) and miscellaneous other costs	Transportation costs depend on location and gas efficiency of car	
After the dog is living with veteran:	Cost while dog is a service dog in training	Cost while the dog is a service dog
Mileage to travel to training location every week for 1 year up to 2 years until dog passes Public Access Test	Depends on location and gas efficiency of car; depending on location, may involve bridge tolls	N/A
Medical insurance for the dog (monthly charge as long as the dog is with you and part of AAADogs program)	\$50 per month	\$50 per month
Quality dog food	\$70 per month	\$70 per month
Toys, etc for the dog	\$20 per month	\$20 per month
Quality dog treats (up to approximately)	\$30 per month	\$30 per month
Nail trimming, typically every month	\$25 per month	\$25 per month
Shampoo and other skin and fur care	\$15 per month	\$15 per month
Flea treatment and other medications	\$60 per month	\$60 per month
Leash and collar replacement	\$45 per year	\$45 per year
Dog license – up to	\$30 per year	\$30 per year
Annual veterinarian physical – may vary by vet but \$200 - \$400 a year	\$300 per year	\$300 per year
Microchip renewal	\$20 per year	\$20 per year
Estimated annual cost (note that once the dog is a full service dog, some expenses may be tax deductible; please consult with your tax adviser about this)	\$3,635 per year, not including travel costs to training¹	\$3,635 per year¹

By signing this page, you are acknowledging that you have been made aware of the cost of a service dog, and have the means and desire to support a service dog as shown above.

Signed

Date

Note: Costs based on 2019 dollars

WA Serves FORM –
(Completion of this form is optional)

All American Assistance Dogs is a part of



As a part of an application you may choose to self-identify other needs.

Please check all the following services that you may need help with. This information will be submitted to WA Serves to provide to other networked entities that provide the services you are indicating below that you need.

Please Check those Areas you need help with

<input type="checkbox"/>	Benefits
<input type="checkbox"/>	Clothing and Household Goods
<input type="checkbox"/>	Education
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Food
<input type="checkbox"/>	Health care
<input type="checkbox"/>	Housing and Shelter
<input type="checkbox"/>	Individual and family support
<input type="checkbox"/>	Legal
<input type="checkbox"/>	Money management
<input type="checkbox"/>	Social enrichment
<input type="checkbox"/>	Spiritual enrichment
<input type="checkbox"/>	Sports and recreation
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Utilities
<input type="checkbox"/>	None of the above, but it is OK to identify to the veteran provider network that I have applied for a service dog through All American Assistance Dogs

Name: _____

Phone: _____ Email address: _____

Military Affiliation: _____ Signature: _____

By signing above, you are giving All American Assistance Dogs permission to enter your information in the WA Serves database.

Remember to make a copy of the complete application (including attached pages) for your records. Thank you