



Dear Prospective Client,

Thank you for your interest in being matched with one of our wonderful service dogs! This packet includes the application materials to apply for a Paws for Purple Hearts service dog. There are several Paws for Purple Hearts sites across the country and our service dog placements are not site-specific. We have a centralized service dog application process and ask that you send all application materials and forms to our Client Program Manager via email or mail.

Please read and complete all application materials thoroughly. Incomplete applications will not be processed until complete. Prior to completing your application, please review the major steps of our process listed below as well as our Client Placement Overview and Policy. Please email us at servicedog@pawsforpurplehearts.org if you have questions.

Step 1: Complete the application

A complete application includes the following:

1. Your photo (recent within the last year).
2. The completed Service Dog Application form (p. 5-12).
3. The Medical History form (p. 13 – 18) must be completed by your primary physician or mental health provider* and sent directly to Paws for Purple Hearts.
4. The Mental Health Provider Consent Form (if applicable) and Service Provider Reference form (p. 19-21) identifying any other relevant health providers we may contact for information on your need for a service dog.
5. A copy of your DD 214. *Do not send the original document.*
6. Signed acknowledgement from a family member or designated supportive contact (p.11) confirming this person is aware of your application for a service dog and supports the process, the placement of a service dog, and the follow-up of the team.
7. A personal letter of reference from someone other than a family member, such as a friend, colleague, or teacher.
8. A professional letter of reference from a therapist, social worker, teacher, supervisor, or any other professional with whom you have contact.
9. A one-page letter stating your reasons for wanting a service dog and how you feel you would benefit from having a service dog.

To send your application:

**Mail a hard copy to:
Paws for Purple Hearts
Client Program Manager
10201 Old Redwood Highway
Penngrove, CA 94951**

OR email a scanned copy to: servicedog@pawsforpurplehearts.org



Step Two: Preliminary Acceptance and Additional Paperwork

After your completed application is submitted, our staff will review it to determine whether or not to preliminarily accept your application. If you are preliminarily accepted, we will then send you additional forms and a pre-interview form. This process typically takes at least two weeks.

Step Three: Interview and Follow-Up

After we receive all additional forms, we will contact you to schedule an interview. If you are able to travel to a Paws for Purple Hearts site, the interview will be conducted in person by our field team. If you are unable to travel to one of our sites, we will arrange to conduct the interview via video conference. Interviews are typically scheduled within three months of the completion of the application review. After the interview, we conduct further follow-up with providers and family members.

Step Four: Final Acceptance

Approximately two to four weeks after the interview we will notify you if you are selected for a service dog placement. If selected, you will be placed on the waitlist and it may take two years or more to match you with a dog due to the high demand for service dogs and the necessity of matching each dog carefully to the personality and needs of each client.

Step Five: Dog Match

Once a potential service dog match has been identified, you will be invited to attend the two-week Service Dog Team Training course held on site at a Paws for Purple Hearts facility. Our service dogs and training are provided free of charge; however, other expenses you may need to plan for include: transportation, housing, food, and entertainment expenses while attending the training course. After successful completion of the Team Training course, you will graduate with your dog and will be responsible for the ongoing costs of caring for your new partner, which may include, but are not limited to: food, grooming, toys, other supplies, annual veterinary exam, vaccinations, and other incidental expenses.

*For applicants diagnosed with Post-Traumatic Stress Disorder, the medical history form must be filled out by the professional overseeing your mental health treatment plan. In order to apply for a service dog for PTSD, applicants must sign a consent form allowing PPH to communicate directly with your mental health treatment provider or treatment team (p.19). If you are seeking a service dog for symptoms of PTSD and mobility limitations, please have both your physician and your mental health provider fill out separate medical history forms.

servicedog@pawsforpurplehearts.org

(707) 781-8762

www.pawsforpurplehearts.org



Client Placement Overview and Policy

At Paws for Purple Hearts we place dogs to work exclusively with veterans and service members. Our dogs are trained by professional Paws for Purple Hearts Instructors, service members and veterans who participate in training as part of our Warrior Canine Therapy.

We place the following types of dogs:

- Service dogs - for military service members and veterans with physical disabilities who would benefit from help with tasks such as: retrieving items, pushing buttons for elevators and doors, turning lights on/off, and pulling a manual wheelchair. To apply for this type of service dog please complete the materials in this application packet.
- Service dogs - for military service members and veterans who have been diagnosed with trauma related conditions such as Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) who would benefit from tasks for panic prevention and behavior interruption as well as tasks that encourage social interaction. To apply for this type of service dog please complete the materials in this application packet.
- Facility dogs* - placed with professionals working in settings whose clients are service members or veterans and would benefit from interaction with a dog. To apply for a facility dog, please contact servicedog@pawsforpurplehearts.org for the appropriate application.
- Specialist Therapy* dogs - placed with individuals such as counselors, psychologists, psychiatrists, and teaching specialists of service members or veterans who wish to integrate a dog into their clients' treatment plans. To apply for a Specialist Therapy dog, please contact servicedog@pawsforpurplehearts.org for the appropriate application.

* Facility and Specialist Therapy dogs provide invaluable benefits to the populations they serve, but they do not meet the legal definition of a service dog and do not have public access rights outside of their assigned facility.

We do not train or place the types of assistance dogs included in the following list. Please visit Assistance Dogs International's website (www.assistedogsinternational.org) for a list of accredited organizations that offer these valuable services:

- Balance dogs for people who need ongoing support while walking.
- Guide dogs
- Hearing alert/service dogs
- Medical alert dogs, such as diabetic and seizure alert/assistance dogs
- Scent detection dogs such as allergen and gas detection dogs
- Autism service dogs
- Dementia/Alzheimer's service dogs
- Psychiatric service dogs
- Emotional support dog



Policy on Acceptance of Clients

Paws for Purple Hearts is committed to providing equal opportunities for all applicants regardless of ethnicity/race, color, sex, age, religion, marital status, sexual orientation, disability, gender, national origin, medical conditions, status as a veteran, or political or organizational affiliation.

Paws for Purple Hearts exclusively places dogs with service members and veterans. We serve the following clients:

- **Service dogs** are placed with service members or veterans with mobility limitations who can competently handle the dog and maintain its well-being (with limited attendant or caregiver support).
- **Service dogs** are placed with service members or veterans with trauma related conditions such as Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) who can competently handle the dog and maintain its well-being.
- Applicants who reside in residential facilities that provide care such as nursing homes, Community Living Centers, rehabilitation centers, or Residential Treatment Centers, must be able to provide basic care for the dog or have a designated attendant who can provide care throughout the day on a daily basis. These applicants must also have a plan to transport the dog to the veterinarian in case of an emergency.
- Applicants who are hospitalized frequently must identify a designated caregiver for the dog who can house and provide care for the dog in the event the applicant is hospitalized and unable to care for the dog for a period of time.
- **Facility dogs** are placed with counselors, nurses, facility managers or others who work in care facilities that serve service members or veterans.
- **Specialist Therapy dogs** are placed with counselors, psychologists, psychiatrists and other specialists who serve service members or veterans and wish to integrate a dog into their clients' treatment plans.
- **Successor Clients:** Clients who previously had a PPH dog and are requesting a successor service dog receive priority over new clients. Successor clients must have been compliant with all follow-up reporting and maintained their dog at a healthy weight. We reserve the right to decline successor clients who were noncompliant with follow-up requirements or let their dog become overweight.



Service Dog Application

This application must be completed by the applicant or answered under the direction of the applicant.

GENERAL INFORMATION

Date _____

Name _____ Date of Birth _____

Your Birth Order (circle one) 1st 2nd 3rd 4th 5th 6th Other

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address _____ Fax (_____) _____

Height _____ Weight _____ Gender _____

Have you had a service dog from PPH before? Yes No

Emergency Contact Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Relationship _____

Current Place of Employment _____

Job Title _____

Employed since (date) _____

Current School: _____

City _____ State _____ Zip _____

Dates of program _____ to _____ (expected graduation or completion)



Paws For Purple Hearts requests information and materials that may be considered confidential and will be used only to evaluate this application and not for any other purpose.

What is your marital status?

Single Married Domestic Partnered Separated Divorced Other _____

What is your military status? Veteran Active Duty Service Member

Military Branch: _____ Years served: _____

How did you hear about Paws for Purple Hearts? _____

Have you participated in Paws for Purple Hearts Canine Assisted Warrior Therapy?

Yes No

If so, what location? _____

Have you been a Paws for Purple Hearts Volunteer?

Yes No

If so, what location? _____ What was your role? _____

With whom do you live? (check all that apply)

Alone With parent(s) With spouse, domestic partner, or significant other
 With attendant With roommates Other _____

Do you: live with children or have children who visit regularly?

If yes: How many children? _____ What are their ages? _____

Type of residence: House/Townhome Apartment/Condo Dorm Other _____

Do you own or rent your home?

How long have you lived in your current residence? _____

Does your residence have: a fenced yard an enclosed area neither

Do you own any pets? Yes No If yes, please list all pets, including the type, breed, age, and gender: _____



Do you have any of the following: a criminal history, been on parole or probation, have any pending charges, or have been charged with driving under the influence? Yes No If yes, please explain:

Do you accept that use of a service dog will publicly identify you as a person with a disability? Yes No If no, please explain: _____

Are you able to travel to a Paws For Purple Hearts site for your interview?

Yes No If no, please explain: _____

I acknowledge that Paws For Purple Hearts does not provide financial assistance to clients for costs associated with the interview or client training. Yes (must be checked)



MEDICAL INFORMATION

This application must be completed by the applicant or answered under the direction of the applicant.

Primary Disability _____

Age at Diagnosis _____

Cause of Disability (if known) _____

Other Disabilities or Medical Conditions

Do you receive attendant care, either by a paid attendant or unpaid caregiver?

Yes No

If yes, how many hours of attendant care do you receive each week? _____

Please indicate any special instruction/consideration related to your disability/medical conditions (for example hyperreflexia management, seizure precautions, etc.)

Please list all medications, including medical marijuana, you are currently taking:

Have you participated in an inpatient or outpatient mental health program?

Yes No If yes, please explain: _____

Date of Admission _____ Date of Discharge _____ Program Type _____

Date of Admission _____ Date of Discharge _____ Program Type _____



Please rate each of the following descriptors using the following scale:

0 = not-applicable 1 = mild 2 = moderate 3 = severe

These descriptions help us to better understand your functioning and areas where you could use assistance from a dog. Applications that do not include a rating in these areas will be considered incomplete.

MOTOR IMPAIRMENTS - (Rate on a scale of 0 – 3)

___ Weakness ___ Spasticity ___ Coordination ___ Tremors
___ Other:

SENSORY IMPAIRMENTS - (Rate on a scale of 0 – 3)

___ Vision ___ Hearing ___ Loss of sensation ___ Other:

COGNITIVE IMPAIRMENTS - (Rate on a scale of 0 – 3)

___ Attention ___ Memory ___ Problem solving ___ Judgment
___ Other:

COMMUNICATION IMPAIRMENTS - (Rate on a scale of 0 – 3)

___ Comprehension ___ Expression ___ Other:

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS – (Rate on a scale of 0 – 3)

___ Depression ___ Impaired Self-Esteem ___ Hopelessness

___ Appetite Disturbance ___ Suicidal Ideation ___ Isolation

___ Emotional Numbness / Detachment / Restricted Affect ___ Lack of Empathy

___ Anxiety ___ Panic Attacks ___ Hyper-vigilance ___ Impulsivity

___ Exaggerated Startle Response ___ Irritability / Anger Control Issues

___ Sleep Disorder ___ Nightmares / Flashbacks / Intrusive Thoughts

___ Personality Disorder: ___ Other:

___ Substance Abuse: If applicable, please describe in more detail including type, severity, length of time, treatment sought, and current status:



ADDITIONAL MEDICAL CONDITIONS - (CHECK ANY THAT APPLY)

- Cardiovascular disease Respiratory disease Diabetes
 Seizure disorder Chronic pain Neurogenic bladder
 Neurogenic bowel Other:

ASSISTIVE DEVICES - (CHECK ANY THAT APPLY)

- Manual wheelchair Power wheelchair/scooter Walker
 Crutches Cane Orthosis Prosthesis
 Hearing aid Speech augmentation Other:

Please rate each of the following descriptors using the following scale:

1 = Independent 2 = modified independent 3 = Requires skilled care

Self-Care (Rate 1 – 3)

- Eating Drinking Grooming Bathing
 Dressing-upper body Dressing-lower body Toileting

Sphincter Control (Rate 1 – 3)

- Bladder management Bowel management

Transfers (Rate 1 – 3)

- Chair, wheelchair Toilet Tub, shower Bed

Locomotion (Rate 1 – 3)

- Walk & Wheelchair Walk Wheelchair Stairs

Please provide additional details to describe your mobility, such as your use of arms, legs, fine motor skills, ability to bend, and balance:



Supportive Contact for Service Dog Team

Please identify and provide contact information for two different individuals who have agreed to provide support to you and the service dog. These individuals must agree to provide an immediate and temporary home for the dog should an emergency arise and will have access to Paws for Purple Hearts staff.

Your Supportive Contacts must sign this form or submit a separate written acknowledgement confirming that they are aware of the application for a service dog and supports the process, the placement of a service dog, and the follow-up of the team.

Contact Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email: _____

By signing this, I acknowledge I am aware of the applicant's service dog application. I support the placement of a service dog with the applicant and agree to provide an immediate and temporary home for the dog should an emergency arise.

Signature of contact _____ Date _____

Contact Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email: _____

By signing this, I acknowledge I am aware of the applicant's service dog application. I support the placement of a service dog with the applicant and agree to provide an immediate and temporary home for the dog should an emergency arise.

Signature of contact _____ Date _____



Service dogs can run into difficulties and create problems for the team if the client does not use the dog appropriately and according to the law.

Do you have:

- The capacity to bathe, toilet, groom, provide proper nutrition, exercise and ensure proper and timely veterinarian care for the dog independently or with designated 1:1 assistance?
- The capacity to meet the service dog's social and emotional needs throughout the dog's life?
- The ability and motivation to accept responsibility for using the dog appropriately?
- The ability and financial means to travel to a Paws for Purple Hearts site for an interview, and possibly at a later date, to attend a two-week client training (tuition, housing, travel, food, entertainment, other expenses)?
- The financial means to cover the annual cost (food, veterinary care, flea/tick/heartworm treatment, supplies, and other incidental expenses as needed) for a dog for its life, including the potential for an increase in expenses after the dog retires (approximately \$800/year)?

If you have participated in Paws for Purple Hearts canine intervention therapy at one of our sites, please read and check the box below:

- I hereby give my permission for the Paws for Purple Hearts site to provide information regarding my physical and/or psychosocial status for the purposes of fulfilling my application for a service dog.

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

Applicant Signature

Date

**Paws For Purple Hearts
Client Program Manager
10201 Old Redwood Highway
Penngrove, CA 94951
servicedog@pawsforpurplehearts.org
707-238-5110
www.pawsforpurplehearts.org**



Medical History Form

This form is to be completed by your doctor and sent by the doctor directly to Paws For Purple Hearts. Please sign the release (in box below) before giving the form to your doctor.

For applicants with Post-Traumatic Stress Disorder, this form must be filled out by the professional overseeing your mental health treatment plan. If you are seeking a service dog for symptoms of PTSD and mobility limitations, please have both your physician and your mental health provider fill out separate forms.

Dr. _____

By signing this form, I authorize you to release the confidential health information requested in this to Paws For Purple Hearts.
The purpose of releasing this information is to help determine my abilities in regard to the placement of an assistance dog.

Applicant's Name (please print)

Applicant's Signature _____

Date: _____

DOCTOR INFORMATION

Name & Credentials _____

Name of Practice _____

Type of Practice _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____

Yes, you may contact me for further information or clarification if needed. *This box must be checked.*

Do you have any experience with canine-assisted therapy or service dogs?



PATIENT INFORMATION:

Patient's primary disability _____

Cause of the disability _____

Age patient became disabled _____

Is this disability progressive? Yes No Unknown

Are there additional disabilities, including mild ones? Yes No Unknown at this time

If yes, please identify

Current Medications

Current number of hours of attendant care per week: _____

For Post-traumatic stress applicants:

Is there an active mental health treatment plan? Yes No

If yes, is patient reasonably compliant with the treatment plan? Yes No

Do you supervise the mental health treatment plan? Yes No

If no, who does? _____

If yes, please describe patient's progress in treatment plan, including length of time active in plan:

Please provide treatment summary or treatment plan.

Does the treatment plan call for Canine-Assisted Therapy? Yes No



Please rate each of the following descriptors using the following scale:

0 = not-applicable 1 = mild 2 = moderate 3 = severe

MOTOR IMPAIRMENTS - (Rate on a scale of 0 – 3)

___ Weakness ___ Spasticity ___ Coordination ___ Tremors
___ Other:

SENSORY IMPAIRMENTS - (Rate on a scale of 0 – 3)

___ Vision ___ Hearing ___ Loss of sensation ___ Other:

COGNITIVE IMPAIRMENTS - (Rate on a scale of 0 – 3)

___ Attention ___ Memory ___ Problem solving ___ Judgment
___ Other:

COMMUNICATION IMPAIRMENTS - (Rate on a scale of 0 – 3)

___ Comprehension ___ Expression ___ Other:

PSYCHOLOGICAL/BEHAVIORAL DESCRIPTIONS – (Rate on a scale of 0 – 3)

___ Depression ___ Impaired Self-Esteem ___ Hopelessness
___ Appetite Disturbance ___ Suicidal Ideation ___ Isolation
___ Emotional Numbness / Detachment / Restricted Affect ___ Lack of Empathy
___ Anxiety ___ Panic Attacks ___ Hyper-vigilance ___ Impulsivity
___ Exaggerated Startle Response ___ Irritability / Anger Control Issues
___ Sleep Disorder ___ Nightmares / Flashbacks / Intrusive Thoughts
___ Personality Disorder (if so, please specify): ___ Other:
___ Substance Abuse: If applicable, please describe in more detail including type, severity, length of time, any treatments, and current status:

ADDITIONAL MEDICAL CONDITIONS - CHECK ANY THAT APPLY)

___ Cardiovascular disease ___ Respiratory disease ___ Diabetes
___ Seizure disorder ___ Chronic pain ___ Neurogenic bladder
___ Neurogenic bowel ___ Other:



ASSISTIVE DEVICES - (CHECK ANY THAT APPLY)

- Manual wheelchair Power wheelchair/scooter Walker
 Crutches Cane Orthosis Prosthesis
 Hearing aid Speech augmentation Other:

Please rate each of the following descriptors using the following scale:

1 = Independent 2 = modified independent 3 = Requires skilled care

Self-Care (Rate 1 – 3)

- Eating Drinking Grooming Bathing
 Dressing-upper body Dressing-lower body Toileting

Sphincter Control (Rate 1 – 3)

- Bladder management Bowel management

Transfers (Rate 1 – 3)

- Chair, wheelchair Toilet Tub, shower Bed

Locomotion (Rate 1 – 3)

- Walk & Wheelchair Walk Wheelchair Stairs

Please provide additional details to describe your mobility, such as your use of arms, legs, fine motor skills, ability to bend, and balance:



Service dogs can run into difficulties and create problems for the team if the patient does not use the dog appropriately and according to the law.

Would you expect that the patient:

- Has the capacity to bathe, groom, provide proper nutrition, exercise and provide veterinarian care for the dog, independently or with 1:1 assistance?
- Has the capacity to meet the service dog's social and emotional needs throughout the dog's life?
- Has the ability and motivation to accept responsibility for using the dog appropriately?

If you cannot expect any of the above, please explain:

Can you recommend this individual for an assistance dog? Yes No

Please provide some comments on your decisions to recommend or not:

If you are unable to recommend this individual for an assistance dog please indicate which of the following concerns apply:

- History of treatment resistance
- Consistent lack of insight regarding disability & related care needs
- Unstable home environment
- Unable to care for dog (either directly or with physical assistance of others)
- Potential for abuse of dog
- Potential for unsafe, unhealthy environment for dog
- Potential for not able or willing to use dog responsibly and appropriately
- Other – please explain:



Additional comments or concerns:

Doctor's Signature

Date

Please send this form by mail or scan/email directly to:

Paws For Purple Hearts
Client Program Manager
10201 Old Redwood Highway
Penn Grove, CA 94951
servicedog@pawsforpurplehearts.org
(707) 238-5110
www.pawsforpurplehearts.org



Mental Health Provider Consent Form

For patients with mental health diagnoses, sign the following allowing us to communicate directly with your mental health treatment provider or treatment team. This consent is required in order for your application to be accepted.

By signing this form, I authorize Paws for Purple Hearts to communicate directly with my mental health treatment provider or treatment team regarding confidential health information throughout the application process, placement process, and following placement with a service dog. The purpose of this communication will be to determine my abilities related to placement with a service dog as well as to enable Paws for Purple Hearts to ensure the service dog is appropriately integrated into my treatment.

Applicant name: _____

Name & Credentials of Mental Health Provider: _____

Phone Number of Mental Health Provider: _____

Email of Mental Health Provider: _____

Signature

Date



Treatment/Service Provider Reference Form

Please provide information on any other treatment/service providers that we may contact as a reference to obtain additional information regarding your application for a service dog. This includes providers other than the primary care physician or mental health provider, if applicable.

I hereby give my permission for the listed service provider(s) to supply any information regarding my physical and/or psychosocial status to Paws For Purple Hearts for the purpose of completing my application for a service dog.

I also agree to inform all of my Service Providers that I have applied for a service dog and if accepted, this dog may be able to go in public with me, including visits to my care professionals.

Client Name

Client Signature

Service Provider Contact Information

Name & Credentials: _____

Name of Practice: _____

Relationship/Type of Services _____

Phone #: _____ Fax #: _____

Email: _____

Name & Credentials _____

Name of Practice _____

Relationship/Type of Services _____

Phone #: _____ Fax #: _____

Email: _____



Name & Credentials _____

Name of Practice _____

Relationship/Type of Services _____

Phone #: _____ Fax #: _____

Email: _____

Name & Credentials _____

Name of Practice _____

Relationship/Type of Services _____

Phone #: _____ Fax #: _____

Email: _____