

**CIVILIAN CHILD OR DEPENDENT APPLICATION PACKAGE**

300 Nolan Trace, P.O. Box 622, Leesville, La. 71446 (337)-353-6782

To be accepted into the program you must:

- Be working with a therapist or have completed a program with a therapist.
- Be willing to have a background check done.
- Be financially able to afford the feeding and care of a service dog.
- Be physically able to work with and exercise a dog or have someone who can for you.
- Be totally committed to coming to weekly classes and doing the 'homework' with your dog.
- Be totally committed to the work and time needed to train a service dog.

Family pets may be used if they meet age, size and temperament requirements. If you have a particular breed you want to purchase yourself as your potential service dog, please do not purchase the puppy/dog without the help of the trainers at BASDT.

Required documents:

- \* A letter from your doctor or therapist documenting your disability and listing your symptoms.
- \*A copy of parent/guardian paycheck or disability check to verify you are able to afford a service dog's food and care. (If needed we will help you to find someone for budgeting assistance.)

Once you apply and we have received this application we will call you in for an interview. If you have a puppy or dog you would like to use as your service dog and it meets the requirements of age and size, we will do a temperament test at the same time. If we are procuring a puppy or dog for you, we cannot specify a timeframe in which you will receive the puppy or dog who will be able to meet the needs you have. We cannot guarantee a specific breed. Our dogs come from rescues, shelters or are donated by breeders. This is an application only. We have the right to decline applicants if we feel the applicant's lifestyle is not suitable for a Service Dog. If you are declined, we will guide you toward other organizations that may be able to meet your needs.

Our program is a one-year program. If at the end of one year you have not met the requirements for graduation, the Board will re-evaluate your continuation in the Program. Requirements for graduation are passing AKC S.T.A.R. Puppy class (if beginning under age one), CGC, CGCU, CGCA, Advanced Obedience, task training for a minimum of three tasks and the Public Access Test.

All handlers are required to re-test their dog every year for 5 years and then every five years after that. Documentation of yearly veterinary care is required to be provided at this time.

Please answer the questions honestly. Only by understanding your needs fully can we best help you. Pages for medical must be brought to your doctor, therapist or medical professional.

**Please sign, date and mail your completed application to Brothers and Sisters In Arms Dog Training, P.O. Box 622, Leesville, LA 71446 or if you want to drop it off at our office, please call (337)-353-6782 to set up an appointment time.**

## SERVICE DOG APPLICATION

Please print clearly or use capital letters.  
If you are filling it out for the minor, 'you' = 'they'.

Name of Applicant: \_\_\_\_\_  
 Name of Parent or Guardian: \_\_\_\_\_  
 Relationship to person needing a service dog: \_\_\_\_\_  
 Does the child have a military ID card? \_\_\_\_ Yes \_\_\_\_ No  
 Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_  
 Relationship to you: \_\_\_\_\_ Phone number: \_\_\_\_\_

Nickname or name you're called by if not your first name listed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Can you walk half a mile without resting?  Yes  No

Did you have an injury that required hospitalization?  Yes  No

Do you have a disability that requires hospitalization?  Yes  No

If yes, how often?  Once a month  once every six months  No specific amount, can be frequent or infrequent

If the child is autistic, what level?  Level 1  Level 2  Level 3

Can the child walk a dog on their own?  Yes  No

Please fill in boxes for those who live with you if you do not live alone.

| Name | Age | Relationship to you | Do they support your having a service dog? If not please write the reason they don't support it. |
|------|-----|---------------------|--|
|      |     |                     |  |
|      |     |                     |  |
|      |     |                     |  |
|      |     |                     |  |
|      |     |                     |  |
|      |     |                     |  |
|      |     |                     |  |

Are there other animals in your house? If so, Please fill in the information on them.

| Species<br>(Cat, dog, etc) | Breed | Gender | Age | Spayed/<br>Neutered | How do they get along with other animals? Other animals of the same sex? Others near their food, etc. |
|----------------------------|-------|--------|-----|---------------------|---|
|                            |       |        |     |                     |   |
|                            |       |        |     |                     |   |
|                            |       |        |     |                     |   |
|                            |       |        |     |                     |   |
|                            |       |        |     |                     |   |

Do other children regularly visit your house?  Yes  No

Are you physically able to stand for one hour during a training class without needing to sit down?  Yes  No  
 (An inability to be able to stand for the full class does not preclude you from our program.)

**Please circle all that apply:**

|  |                                     |  |                            |                              |                   |                           |             |
|--|-------------------------------------|--|----------------------------|------------------------------|-------------------|---------------------------|-------------|
| Agitation  | Irritability                        | Hostility                                | Hypervigilance             | Social Isolation             | Flashbacks        |                           |             |
| Severe Anxiety                                   | Mistrust                            | Guilt                                    | Loneliness                 | Insomnia                     | Nightmares        | Self Destructive Behavior |             |
| Lost of interest in favorite things              | Emotional Detachment                | Not leaving the house unless you have to |                            |                              |                   |                           |             |
| Depression                                       | Vision Loss                         | Hearing Loss                             | Deaf                       | Balance Issues               | Muscular Weakness | Bad Knee(s)               |             |
| Shoulder Problems                                | Back Problems                       | Weak wrists or hands                     | Diabetes                   | Epilepsy                     | Memory Problems   |                           |             |
| Speech Impairment                                | Difficulty understanding directions | Asthma                                   | Chronic Pain               | Heart Problems               |                   |                           |             |
| Lung Problems                                    | Crutch                              | Cane                                     | Wheelchair                 | Walker                       | Hearing Aid       | Wrist brace               | Ankle brace |
| Leg brace  | Back brace                          | Prosthesis                               | Anger – verbal lashing out | Anger – Physical lashing out |                   |                           |             |
| Panic attacks                                    | Exaggerated startle response        | Suicide attempts                         | Difficulty staying focused |                              |                   |                           |             |
| Inability to stand (without pain) for more than: |                                     |  | fifteen minutes            | thirty minutes               | an hour           |                           |             |
| Meltdowns  | Learn best by:                      | hearing                                  | seeing                     | doing                        |                   |                           |             |

**How many times a week do you experience the following. Please circle your answer**

|   |       |             |              |               |                    |
|---|-------|-------------|--------------|---------------|--------------------|
| 1. Agitation                            | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 2. Irritability                         | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 3. Hostility                            | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 4. Hypervigilance                       | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 5. Social Isolation                     | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 6. Flashbacks                           | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 7. Severe Anxiety                       | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 8. Mistrust                             | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 9. Guilt                                | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 10. Loneliness                          | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 11. Insomnia                            | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 12. Nightmares                          | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 13. Self-destructive Behavior           | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 14. Loss of interest in favorite things | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |
| 15. Emotional Detachment                | Never | 1 – 4 times | 5 – 10 times | 11 – 20 times | More than 20 times |

**How often do you Please circle your answer.**

|                                   |       |                   |             |                    |                           |
|-----------------------------------|-------|-------------------|-------------|--------------------|---------------------------|
| 5. Go to a store:                 | Never | Only if I have to | Once a week | 2 – 5 times a week | Whenever I need something |
| 6. Go out with friends            | Never | Only if I have to | Once a week | 2 – 5 times a week | Whenever I want to        |
| 7. Go do something I enjoy        | Never | Only if I have to | Once a week | 2 – 5 times a week | Whenever I want to        |
| 8. Participate in Family activity | Never | Only if I have to | Once a week | 2 – 5 times a week | Whenever I want to        |

Are there any other diagnoses not listed?

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Are there any other undiagnosed difficulties you are experiencing?

Brothers and Sisters In Arms Dog Training

Do you attend school? \_\_\_\_ Yes \_\_\_\_ No

If yes, which school? \_\_\_\_\_

Are you home schooled? \_\_\_\_ Yes \_\_\_\_ No

Do you have a fenced yard?  Yes  No

How do you plan to exercise your dog?

\_\_\_\_\_

If you are unable to properly exercise your dog, do you have someone who can?  Yes  No

If someone else will exercise/help exercise the dog for you, who \_\_\_\_\_ Phone: \_\_\_\_\_

Are you willing to have a home check done?  Yes  No

Where will the dog be when you are not at home and he/she is not with you?

\_\_\_\_\_

Do you understand you will need to crate train your dog?  Yes  No

Have you had dogs previously?  Yes  No

Have you ever taken a dog to obedience classes?  Yes  No

As a parent, you understand you may have to be the trainer and possibly 'handler' for your child? \_\_\_\_ Yes \_\_\_\_ No

What past experiences have you had in training dogs?

\_\_\_\_\_

Do you feel capable of responding calmly to the challenges of having a Service Dog in public places where there might be questions as to its certification and ability to be allowed?  Yes  No

Is your child capable of responding calmly to the challenges of having a Service Dog in public places where there might be questions as to its certification and ability to be allowed? \_\_\_\_ Yes \_\_\_\_ No

What do you like to do in your spare time? Do you do it often? Will a service dog help you to do it more often?

\_\_\_\_\_

How do you feel a service dog will help you? What would you like your service dog to be able to do for you?

\_\_\_\_\_

\_\_\_\_\_

Can you commit to a minimum of a half an hour a day, broken up, to practicing/training your service dog?  Yes  No

Can you commit to attending an hour-long training class once a week until your dog graduates?  Yes  No

Are you willing to follow the rules given to you by BASDT?  Yes  No

Have you ever had, or do you have, pending criminal charges against you?  Yes  No

Have you ever been, or are you now on probation or parole?  Yes  No

Have you ever been charged with animal cruelty?  Yes  No

Have you ever been charged with domestic violence?  Yes  No

How do you feel about the fact that a service dog will identify you as a person with a disability?

\_\_\_\_\_

I understand that if I don't attend my training classes, (unless ill or injured) I can be removed from the program.  Yes  No

I understand the program is a one-year program, that if at the end of one year I have not met the requirements for graduation, the Board will re-evaluate my continuation in the Program.  Yes  No

I understand Brothers & Sisters in Arms reserve ALL rights to remove any dog that we have placed in your home for service dog training or as a service dog if we at any point feel the dog is NOT being taken care of, trained, is abused, neglected, or Veterinary Care is not kept up to date and you have not requested help from us. \_\_\_\_ Yes \_\_\_\_ No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT, RELEASE OF INFORMATION

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC follows all HIPPA regulations as required by the State of Louisiana and the Federal Government. All information received from the applicant and/or health care providers will remain strictly confidential.

By signing this form, I authorize any person, health care provider, physician, or organization I see or have seen to release any necessary information to Brothers & Sisters in Arms Dog Training, INC concerning me.

This information will be used to evaluate my application for a Service Dog and its specific training

Child:

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Guardian

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness:

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Photography and Video Authorization

Please initial you understand each item listed.

\_\_\_\_\_ I give my permission to be photographed and/or videoed by Brothers and Sisters In Arms Dog Training, Inc., a designee of theirs, while in a training class, at a fundraiser or at any event at which I am present.

\_\_\_\_\_ I give my permission to be photographed and/or videoed by any form of media while participating with any event connected to Brothers and Sisters In Arms Dog Training, Inc.

\_\_\_\_\_ I understand that any photographs and/or videos may be used by any format, in pictures, on public broadcasting, in brochures, flyers, posters, pamphlets, online, social media, websites, marketing materials, or in any manner connected to Brothers and Sisters In Arms Dog Training, Inc.

\_\_\_\_\_ I understand I may be recognized by people when seeing photos and/or videos I am in.

\_\_\_\_\_ I understand I may revoke this authorization at any time with a written letter stating I am revoking my permission.

\_\_\_\_\_ I understand that if I revoke my authorization it only affects photographs and/or videos from that date forward.

\_\_\_\_\_ I understand not giving authorization for photographs and/or videos will not effect my application or being accepted into Brothers And Sisters In Arms Dog Training, Inc.

My signature designates my understanding and agreement to the statements above that I have initialed.

My signature below designates my permission to be photographed and/or videoed.

Name (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or Guardian (Printed) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HEALTH CARE PROVIDER FORM

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF HEALTH CARE PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Brothers and Sisters In Arms Dog Training trains specially selected rescue shelter dogs, donated dogs or dogs owned by the handlers that have been evaluated and deemed appropriate for the program.

Please address the following questions:

Would a Service Dog benefit this applicant?  Yes  No

To the best of your knowledge is the applicant able to care and provide for a Service Dog?  Yes  No

Has the applicant had a suicide screening?  Yes  No If yes, when? \_\_\_\_\_

Are there any medications taken by the applicant that would impair or inhibit his/her judgment and abilities to care for this dog?  Yes  No

Would you be willing to do a phone consultation with us?  Yes  No

Is there anything you would like to add concerning this applicant acquiring a service dog?

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Your help in this process is greatly appreciated.

Health Care Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PERSONAL REFERENCE LETTER

This form must be completed by TWO people from any of the following categories: Physical Therapist, Case Manager, Counselor, Clergy, Co-worker, Social Workers, Psychologists, family member, or friend.

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. What is your relationship to the applicant? \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. What support systems does the applicant have? \_\_\_\_\_

4. To the best of your knowledge how would the applicant benefit from a Service Dog?  
\_\_\_\_\_  
\_\_\_\_\_

5. To the best of your knowledge is the applicant able to care and provide for a Service Dog?  Yes  No

6. Do you feel the applicant will be committed to do the work and put in the time to train a service dog?  Yes  No

7. How would you think the applicant would handle the increased attention brought to him/her by the presence of a Service Dog in public places?  
\_\_\_\_\_  
\_\_\_\_\_

8. How would you think the applicant would handle his/her right to be accompanied by a Service Dog being challenged?  
\_\_\_\_\_  
\_\_\_\_\_

9. So you believe a service dog would benefit the applicant?  Yes  No

The information contained herein is true and correct to the best of my knowledge.

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## PERSONAL REFERENCE LETTER

This form must be completed by TWO people from any of the following categories: Physical Therapist, Case Manager, Counselor, Clergy, Co-worker, Social Workers, Psychologists, family member, or friend.

Applicant Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. What is your relationship to the applicant? \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. What support systems does the applicant have? \_\_\_\_\_

4. To the best of your knowledge how would the applicant benefit from a Service Dog?

\_\_\_\_\_

5. To the best of your knowledge is the applicant able to care and provide for a Service Dog?  Yes  No

6. Do you feel the applicant will be committed to do the work and put in the time to train a service dog?  Yes  No

7. How would you think the applicant would handle the increased attention brought to him/her by the presence of a Service Dog in public places?

\_\_\_\_\_

8. How would you think the applicant would handle his/her right to be accompanied by a Service Dog being challenged?

\_\_\_\_\_

9. So you believe a service dog would benefit the applicant?  Yes  No

The information contained herein is true and correct to the best of my knowledge.

Name: (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

HIPAA LAW Contract

As a Service Dog Handler in Training for Brothers and Sisters In Arms Dog Training (BASDT), I understand that I may have access to certain confidential, health, financial, proprietary, research or operational information of BASDT, its employees and the handlers and their families (collectively known as "Confidential Information"). I further acknowledge that BASDT has a legal and ethical obligation to protect this Confidential Information. This same obligation applies to me while as a volunteer of Brothers and Sisters In Arms Dog Training.

In recognition of this responsibility, which constitutes an essential function as a Service Dog Handler in Training of Brothers and Sisters In Arms Dog Training, I agree as follows:

1. All Confidential Information at BASDT shall be treated as confidential. I will not access or seek to gain access to Confidential Information of any nature whatsoever except in the course of fulfilling my responsibilities.
2. I agree not to discuss handlers, their families, research or business information or other Confidential Information with anyone who is not staff at BASDT and where others can overhear the conversation. It is not acceptable to discuss handler information in public areas (On the field, on a training exercise, at a fundraiser, etc.) even if a Handler's name is not used.
3. If, in the course of performing my responsibilities, I accidentally access information or Confidential Information that might be considered inappropriate for me to access, I will notify my supervisor immediately of the date and time of the access so that if a question arises at a later time, it will be understood that the access was accidental. I will not disseminate any such information without proper authorization.
4. I will not disclose Confidential Information to those who are not authorized to receive it. In addition, I will not, without proper authorization, copy or preserve in written, electronic, or any other form Confidential Information, nor will I disseminate any such information without proper authorization. If I am in doubt about whether the authorization provided is "proper", I will ask my supervisor. These obligations shall continue both during and after termination of membership in volunteering with BASDT.
6. Violation of this Agreement may subject me to corrective action, up to and including termination, as well as penalties and legal action by state and/or federal agencies.

My signature below acknowledges that I understand the obligations imposed upon me by this Agreement, and I agree to comply with all the terms of this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date