

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC. A 501(c)(3) Nonprofit Organization

FIRST RESPONDER/CIVILIAN APPLICATION PACKAGE

If you are a First Responder and a Veteran please choose the one that is the cause of your disability.

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, listing your symptoms.
- * A copy of your last 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.

Name: _____

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 consume alcohol? Yes No If yes, how often?: _____

Do you live alone? Yes No If yes, is there a relative or friend nearby? _____

Name of friend or relative: _____ Phone Number: _____

Are you also a Veteran? Yes No

If yes, which branch and years served. _____

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

Do 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			
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?

Brothers and Sisters In Arms Dog Training

Are there any other undiagnosed difficulties you are experiencing?

Do you work? Yes No

If yes, where do you work? _____

What days and hours do you work? _____

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

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

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, is abused, neglected, or Veterinary Care is not kept up to date and you have not requested help from us. Yes No

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

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: _____

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?

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? _____

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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: _____

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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

Witness

Date