



APPLICATION FOR HERO

Thank you for your interest in obtaining a service dog from Dogs Helping Heroes, Inc. (“DHH”). DHH provides trained service dogs to men and women disabled in the line of duty while serving our country in the U.S. Military, Police, Fire or Emergency Medical Service, who now suffer from mobility impairment, traumatic brain injury, or a clinical diagnosis of a psychiatric impairment. DHH is not currently able to provide guide dogs to individuals who are legally blind or hearing impaired.

To apply for a service dog from Dogs Helping Heroes, the following (copies of which are included within) are required:

1. Completed Application for Service Dog: ____
2. Medical History Form: ____
3. Physician Statement of Disability: ____
4. DHH Standards, Guidelines and Code of Conduct Form: ____
5. Three Personal Reference Forms: ____
6. Photo Release Form: ____
7. General Liability Release Form: ____

Additional Requirements:

1. (a) For applicants with military service: (i) for veterans, a copy of DD214 (*if available*) that contains a separation code; or (ii) for active duty personnel, an Enlisted Record Brief with Social Security Number removed: ____

(b) For current or former members of the Police Department, Fire Department or EMS, a letter from your Commander (or equivalent authority) confirming service: ____
2. A copy of your driver’s license: ____
3. Proof of Income (*e.g.*, paystub, letter from employer, Social Security statement, bank statement with SSN’s and account numbers removed): ____



Our Applicant Review Committee will only review your applicant packet once it is **completed** and will then determine if you meet the necessary requirements. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** Due to the limited number of service dogs, satisfaction of all requirements contained herein does not guarantee that you will be provided with a service dog. DHH does its best to meet the needs of qualified applicants but, due to the overwhelming nature of the need, it is a competitive process to be awarded one of our service dogs and we seek the best possible situations for our dogs.

Please sign and date to acknowledge you have completed the application in full and understand all of the terms and conditions set forth herein.

Printed Name: _____

Signature: _____

Date: _____, 20__

Please Return **Completed Application** to:

Dogs Helping Heroes, P.O. Box 2126, Clarksville, Indiana 47131.



APPLICATION FOR SERVICE DOG

Date of Application: ____/____/20__

Part I. Personal Information

Full Name of Applicant: _____

Gender: Male ____; Female ____. Date of Birth ____/____/____

Street Address: _____

Mailing Address (if different from above): _____

City: _____ County: _____ State: _____

ZIP Code: _____

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Have you ever been convicted of a felony? Yes ____; No __ If yes, explain _____

Are there currently any felony charges pending against you? Yes ____; No __ If yes, explain _____

Projected Date Available to Start Training: _____, 20__

Part II. Family/Living Situation

Current Marital Status: Single, never married ____; Married ____; Committed cohabitating relationship ____; Divorced ____; Separated ____; Widowed ____.

In what type of residence do you reside? Private Home ____; Apartment ____; Dormitory ____; Assisted Living Facility ____; Group Home ____; Mobile Home ____; Other (please describe) _____.



Do you have a fenced yard available for your use? Yes ___; No ___.

Please give name, age and relationship of those with whom you live. _____
_____.

Do you currently have any pets in your home? Yes ___; No ___. If yes, please describe the number, type, gender, breed and age of all pets: _____
_____.

Have you ever owned a dog before? Yes ___; No ___. If yes, explain how you were able to care for the dog. _____
_____.

Is anyone in your home allergic to dogs? Yes ___; No ___. If yes, explain: _____
_____.

Does anyone in your home have a fear of dogs? Yes ___; No ___. If yes, explain: _____
_____.

What type of support is available to assist you with the care of your service dog (*e.g.*, taking it to the veterinarian, feeding, bathing, walking, etc.)? _____

_____.

If you are single or living alone, do you have someone in your support network that can assist you with taking care of your service dog if something happened to you (*e.g.*, illness or injury)? Yes ___; No ___.

If yes:

Individual's Name: _____

Relationship: _____

Individual's Email: _____

Individual's Phone: _____



Emergency Contacts: Please provide two (2) emergency contacts.

1. Emergency Contact's Name: _____

Relationship: _____

Phone Number: _____

2. Emergency Contact's Name: _____

Relationship: _____

Phone Number: _____

Part III. Employment Situation

What is your current employment situation? Employed (full time) ____; Employed (part time) ____; Employed (per diem) ____; Unemployed ____; Student ____ (please specify name of learning institution, anticipated date of graduation and degree: _____

_____).

What is your primary source of income? Self (through employment) ____; Disability ____; Spouse/Significant Other ____; Other ____ (please specify: _____

_____).

How do you get to and from work/school on a daily basis? _____

_____.

If you are not currently employed, do you plan on becoming employed? Yes ____; No ____.
Explain: _____

Please answer the following questions only if you are currently employed.

Do you work outside of your home? Yes ____; No _____. If yes, where do you work (please describe the work environment, e.g., large/small office; high rise/single story; rural, suburban, downtown; indoors/outdoors, etc.)? _____



Who is your current employer? _____

May we contact your current employer? Yes ___; No ___. If yes. Phone # _____

Part IV. Service to Community.

Are you a veteran of the United States military, or have you ever worked as a first responder with the Police, Fire Department or Emergency Medical Service? Yes ___; No ___.

If yes, in which branch of the military or first responder position did you serve? Air Force ___; Army ___; Coast Guard ___; Marines ___; Navy ___; Police Officer ___; Firefighter ___; Emergency Medical Services ___; Other _____.

Component (if applicable) (check all that apply): Active ___; Reserve ___; Guard _____

Dates of Service (MM/DD/YY): _____ to _____. Location: _____.

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Rank Discharged As (if applicable): _____.

Type of Discharge (if applicable): _____.

Have you been reviewed by a medical board within the last twelve (12) months? Yes ___; No ___. If yes, Medical Board Review Disposition (*e.g.*, fit, unfit, under review): _____.

During your career, have you ever worked with any of the following underserved populations? Individuals with Disabilities ___; Elderly ___; Abused Children ___; Battered Spouses ___; Terminally Ill Patients ___; Animal Rescue _____.

Please provide specifics regarding your service to the community, including the name(s) of the agencies you worked with, the length of time served and a brief description of the type of services you provided.



Part V. Miscellaneous.

Please describe, as specifically as possible, how a service dog will assist you in becoming more independent and productive at home and in your community. Attach additional sheets if necessary.

How would a service dog help you with your mental health and/or psychological needs? Please be as specific as possible. Attach additional sheets if necessary.

Are there any obstacles or issues which would prevent you from attending Team Training (which will be the portion of training where you will work with the trainer and the dog on a schedule to be determined by you and the trainer over a multi-week period)?

Part VI. Acknowledgement and Signature

I, _____, certify that to the best of my knowledge and belief, all of the information I have provided on this application is current, accurate, and correct, and truly represents my needs and present situation. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from receiving a service dog, or may cause me to lose a service dog if one is awarded to me. I understand that any information obtained by Dogs Helping Heroes is confidential, and other than being shared with DHH's agents, representatives or advisors for the sole purpose of assessing my qualifications for a service dog, will not be released to any person or outside agency without my written consent.

Signature of Applicant

Date

Printed Name



MEDICAL HISTORY FORM

Please note that DHH does NOT require you to disclose your diagnosis. However, we do require information on the effects that your disability has on your ability to perform certain activities of daily living.

Please describe the nature of your primary disability: _____

_____.

Date of Onset or Diagnosis (MM/YY): _____.

How did your disability occur? _____

_____.

Is your disability considered to be progressive? Yes ___; No ___.

What is the prognosis for your disability? _____
_____.

Do you have any secondary disabilities? Yes ___; No ___. If yes, please explain: _____

_____.

Height _____ Weight _____

Primary Physician: _____ Phone: _____

Do you currently use any of the following assistive/adaptive devices?

Manual Wheelchair ___; Power Wheelchair ___; Power 3-Wheel Cart ___; Walker ___; Crutch/Cane ___; Leg Brace ___; Arm Brace ___; Prosthesis ___; Hearing Aid ___; Other ___. If other, please specify: _____.

How does your disability affect your daily life? What are your functional limitations? Please indicate which of the following activities are limited by your disability (check all that apply): Balance ___; Coordination ___; Hearing ___; Vision ___; Speech ___; Memory Loss ___; Physical Stamina ___; Ability to navigate curbs and steps ___; Ability to bend or retrieve dropped objects ___; Ability to go out in public or socialize ___; Ability to live independently ___; Other ___ (please explain _____).



Please describe the extent to which any of the above checked items are affected.

What type of service dog are you requesting? Mobility ____; Medical Alert/Signal ____; Psychological _____. ***Please note DHH cannot currently provide hearing or guide dogs.***



PHYSICIAN STATEMENT OF DISABILITY

(to be completed by applicant's treating physician)

This is to certify that _____ is a patient under my care, and is being treated for a disabling medical condition. I further certify that this person meets the criteria for disability as specified in the Americans with Disability Act ("ADA") and therefore would be entitled to public access with a service dog.

The criteria for disability determination under ADA Law are re-printed for your convenience, and are as follows:

AMERICANS WITH DISABILITIES ACT AMENDED DEFINITION OF "DISABILITY", JANUARY 2009.

Section 902.1

(b) Statutory Definition -- With respect to an individual, the term "disability" means

(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;

(B) a record of such an impairment; or

(C) being regarded as having such an impairment.

42 U.S.C. § 12102(2); *see also* 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the ADA.

The first part of the definition covers persons who actually have physical or mental impairments that substantially limit one or more major life activities. The focus under the first part is on the individual, to determine if (s)he has a substantially limiting impairment. To fall under the first part of the definition, a person must establish three elements:

- (1) that (s)he has a physical or mental impairment;
- (2) that substantially limits;
- (3) one or more major life activities.

Section 902.2 Impairment

(a) General -- The person claiming to be an individual with a disability as defined by the first part of the definition must have an actual impairment. If the person does not have an impairment, (s)he does not meet the requirements of the first part of the definition of



disability. Under the second and third parts of the definition, the person must have a record of a substantially limiting impairment or be regarded as having a substantially limiting impairment.

A person has a disability only if his/her limitations are, were, or are regarded as being the result of an impairment. It is essential, therefore, to distinguish between conditions that are impairments and those that are not impairments. Not everything that restricts a person's major life activities is an impairment. For example, a person may be having financial problems that significantly restrict what that person does in life. Financial problems or other economic disadvantages, however, are not impairments under the ADA. Accordingly, the person in that situation does not have a "disability" as that term is defined by the ADA. On the other hand, an individual may be unable to cope with everyday stress because (s)he has bipolar disorder. Bipolar disorder is an impairment. In that situation, the analysis proceeds to whether the individual's impairment substantially limits a major life activity.

(b) Regulatory Definition -- A physical or mental impairment means

(1) [a]ny physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or

(2) [a]ny mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

29 C.F.R. § 1630.2(h)

I certify that the above named patient meets the ADA criteria for disability under ADA Law.

Signature of Physician

Date

Printed name of Physician

Area of Specialty

Office address

Office Phone Number



DHH STANDARDS, GUIDELINES AND CODE OF CONDUCT

Dogs Helping Heroes has established minimum standards for service dog teams (*e.g.*, the applicant and his or her service dog), and the team is expected to live up to these standards at all times. This includes behaviors observed during testing, and extends to conduct in public during the team's entire working life. The focus here is on the behavior of the team, not merely the dog. These standards include the following:

I. HEALTH, WELLNESS AND SAFETY

The handler shall provide:

1. Monthly heartworm treatments.
2. Monthly flea and tick treatments if recommended by a veterinarian.
3. All required vaccinations.
4. Baths, brushing and grooming to keep the service dog clean and free of any offensive odors.
5. Current license tags that are prominently displayed on the service dog's collar.
6. A name tag with applicant's current phone number displayed on the collar.
7. A clean service vest in good repair with ID badge and emergency contact card displayed in the pocket to be worn at all times while in public.
8. Working equipment that is properly fitted and in good repair, including a collar, a leash that is no longer than 6 feet in length (retractable leashes are prohibited).
9. Adequate food and hydration; must carry a portable water bowl when working.

II. TRAINING

The dog shall be trained to:

1. Perform at least three service related tasks to mitigate the disability of the handler.
2. Obey commands on the first attempt at least 90% of the time, except in cases of intelligent disobedience.
3. Maintain a good heel on leash.
4. Lie quietly beside the handler or under a seat without creating an obstacle to others.
5. Urinate or defecate only in appropriate designated places.

The trainer shall:

1. Ensure that the selected service tasks are appropriate for the dog.
2. Use only training techniques that have been approved by DHH and always treat the service dog humanely.
3. Be consistent in responding to commands.
4. Ensure that the dog is within two feet of them at all times except when a task requires a greater distance.



5. Ensure that the dog has adequate space in order to avoid injury to the dog or others in public.
6. Provide regularly scheduled rest breaks for the dog.

III. PUBLIC BEHAVIOR

The dog shall:

1. Not solicit attention from strangers.
2. Be able to work quietly in public without barking, whining or otherwise creating a distraction.
3. Not growl, snarl or demonstrate any aggression towards people or other dogs.
4. Not solicit or steal food items from the general public.
5. Urinate or defecate only in appropriate designated places.

The handler shall:

1. Set and enforce consistent boundaries and shall prevent members of the public from petting or greeting the dog while it is working.
2. Respond politely and appropriately to public inquiries and challenges at all times.

NOTE: At all times, the final responsibility for all aspects of care, training and public behavior rests with the handler.

I, _____, have read and agree to abide by the DHH Standards, Guidelines and Code of Conduct, and the Humane Treatment Policy. I understand and agree that if, at any time, I am found to be in violation of the DHH Standards, Guidelines and Code of Conduct, or its Humane Treatment Policy, I will be removed from the DHH program and DHH will take back ownership of the service dog given to me. I hereby give Dogs Helping Heroes the right to remove a service dog from my care in the event of mistreatment, abuse, poor living conditions, or in the event that I become unable to care for my service dog, at which point I will inform DHH immediately.

Applicant's Signature

Date

Applicant's Printed Name



Dogs Helping Heroes – Personal Reference Form for Service Dog Applicants

Instructions to Applicant: Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to Dogs Helping Heroes at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you.

Name of Applicant _____

Instructions to Respondent completing the form: The above named individual is applying to get a service dog from Dogs Helping Heroes (DHH). Please answer all questions to the best of your ability and return the form to DHH in the enclosed envelope.

NOTE: Your responses will be held in CONFIDENTIALITY and shared only with DHH's agents, representatives or advisors for purposes of determining Applicant's qualifications for a service dog, and will not under any circumstance be provided to the Applicant.

1. How do you know the applicant? _____
_____.
2. How long have you known the applicant? _____ (Months/Years)
3. What is your relationship to this applicant? Friend ___; Co-Worker ___; Other ___ (please explain _____)
4. Do you believe this applicant has good communication skills? Yes ___; No ____.
Explain: _____

_____.
5. Do you believe this applicant to be of sound mind and able to exercise good judgment? Yes ___; No ___ Explain: _____

_____.
6. Do you believe this applicant has the ability to provide essential control and care for a service dog? Yes ___; No ____ Explain: _____

_____.
7. Do you believe this applicant has the ability to provide for the emotional needs of a service dog? Yes ___; No ____ Explain: _____

_____.



8. Do you believe this applicant has the ability to work safely in public with a service dog? Yes ____;
No ____ . Explain: _____

_____.
9. Please comment on the moral character and integrity of this person, or any other factor you believe
is relevant for our purposes and the ultimate safety and well being of the applicant and the service
dog. _____

_____.

Printed Name/Title

Date

Signature

(____) _____ - _____
Phone

Please mail this completed form directly to: Dogs Helping Heroes, P.O. Box 2126, Clarksville, Indiana 47131.



PHOTO RELEASE

I understand and agree that DHH will be photographing applicants and dogs during training and events for the purposes of providing community education and/or promoting the program, social networking, promotional material and other related purposes. This may include still photos and videos. I understand that there may be television, newspaper, or other media outlets who may be present at classes and events to take footage and/or photos of applicants and dogs for training and/or publicity purposes. I hereby grant DHH permission to use these photos or footage, and grant permission to these media outlets to use these photos or footage for training and/or publicity purposes. I understand and agree that all photos taken by DHH are the exclusive property of DHH, and DHH reserves the rights to all such photos or videos.

Signature of Applicant

Date

Printed Name of Applicant



GENERAL RELEASE OF LIABILITY

I, _____, hereby release any liabilities or claims in participating in any activities or services sponsored by DHH. I acknowledge that I assume the risks and responsibilities in such participation and hold DHH harmless for any injuries or liabilities incurred or sustained in my participation with DHH. I understand and agree that, by acknowledging and signing this release, I irrevocably, unconditionally and completely release and forever discharge DHH, and all of its principals, officers, directors, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents from and against any and all losses, demands, damages, obligations, liabilities, actions, causes of action, debts, suits, judgments, and all claims of any kind or nature whether known or unknown, fixed or contingent, arising directly or indirectly from, as a result of or in connection with, or otherwise relating in any manner to any claims of liability, that were alleged, could have been alleged, or could be alleged against DHH, and all of its principals, officers, directors, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents, that may in the future develop from or be caused directly or indirectly from any actions causing such liabilities. I acknowledge that I provide this release voluntarily and knowingly.

Signature of Applicant

Date

Printed Name of Applicant