



Please check which applies to you:

- Mobility
- PTSD

When did you serve **in a combat zone deployment?**

- Desert Storm – Present
- Pre-Desert Storm

## Application Process for Veterans with Service Connected Disabilities

1. We are currently only accepting applications from veterans who served during Desert Storm to present for fully certified Service Dogs. Pre-Desert Storm veterans can apply for a social companion dog. These dogs can be very helpful within the home but **DO NOT** have public access.
2. Please type or print clearly with **blue or black ink only**. We will not accept applications from veterans that have more than one pet. **Note that we perform a background check on all applicants.**
3. Complete Application:

### *Part 1: Personal Information* (pages 4-7)

- A copy of the veteran's DD-214
- Veteran Affairs compensation letter
- Two references **Letters** are required. Please include name, phone number, and address of reference.

**Application and supporting documents can be mailed to:**

**Patriot PAWS Service Dogs  
254 Ranch Trail  
Rockwall, TX 75032**

**Fax: 972-772-3284 or Scan/Email: [office@patriotpaws.org](mailto:office@patriotpaws.org)**

### *Part 2: Medical History* (pages A–C) Post Desert Storm Only

- **Medical History must be completed by the applicant's Medical or Mental Health Provider. Do not send medical records. Part 2 Medical History is NOT to be completed by applicant. The Provider's office will send the Medical History portion of the application directly to Patriot PAWS Service Dogs at the above contact options. Part 2 Medical History will not be accepted by any source other than Provider's Office. PLEASE NOTE: APPLICANT'S DISABILITY MUST BE SERVICE CONNECTED, AND NOTED AS SUCH IN THE MEDICAL HISTORY PORTION OF THE APPLICATION.**
- **IF you are applying for a PTS Dog, a Letter explaining the individual combat stressor including Dates of the occurrence must accompany this application.**

### *Part 3: Facility Visit - Post Desert Storm Only*

- The applicant physically visits the Patriot PAWS Training Center in Rockwall, TX. If a facility visit is not feasible, the applicant must contact Patriot PAWS and speak to the Veteran Coordinator who will discuss, in detail, the applicant's options.



## Service Dog Application for Disabled Veterans

4. Patriot PAWS will only review complete applications. A complete application is one that includes all the above requirements. A representative of Patriot PAWS will contact the applicant to clarify any issues, answer any questions, and advise the applicant of the next step in the process.
5. 30-60 days prior to receiving a service dog; an **in-home visit** must be completed. This involves a Patriot PAWS representative physically visiting the applicant's home to meet with the applicant and any other individuals and/or animals that reside within the applicant's home. The visit generally lasts anywhere from 1-2 hours and will be scheduled by a Patriot PAWS representative at the availability of Patriot PAWS and the applicant.
6. Please note, sending in the application **does not mean the applicant is automatically approved**. *The application **MUST** go before a committee and if successful the applicant is tentatively approved. It is crucial that the applicant send in all the items needed by Patriot PAWS, and understand that the application process, from time of approval to placement, can take **3+ Years or more**.*
7. **Once a service dog is determined appropriate for the applicant, the applicant must be financially able to travel to Texas and afford accommodations during the transitional training phase with the service dog (approximately 10 days). Patriot PAWS does not provide such things as attendant care, transportation, etc. during this period.**

### Pre- Qualifying Questions

- Are you willing to Attend a (12) day training in Rockwall Texas, at your own expense? (Circle) Y N**
- Are you willing to wait 3+ years in order to receive a service dog? (Circle) Y N**
- Are you financially able to cover the expense of a service dog? (Vet visits, Food, Etc.) (circle) Y N**
- Are you willing to submit to a background check? (circle) Y N**



## Service Dog Application for Disabled Veterans

Please use the following checklist to ensure all required items are completed and sent to Patriot PAWS Service Dogs.

- Part 1: Personal Information** — complete pages 4-7 and sign
- Media Release** — complete and sign page 8
- Acknowledgement** — complete and sign page 9
- HIPAA Authorization for Release of Information** — complete and sign page 10
- Two References Letters:** include Name, Phone Number, and Address of Reference.
- DD-214**
- Part 2: Medical History** — sign **Provider's Release** on page B, **send pages A–D to Provider to complete**
  - PTSD Letter of specific Stressor including Dates.**
  - Letter from Mental Health provider confirming your involvement in mental health & group counseling.**

Questions regarding this process may be submitted via email to Patriot PAWS at: [office@patriotpaws.org](mailto:office@patriotpaws.org) or via phone: 972-772-3282.

### PLEASE BE ADVISED:

It is the policy of Patriot PAWS that if a service dog is to be placed in a home where more than one pet is present, **we reserve the right to deny placement.** We must make sure the service dog team will be successful.

**Because of our policy, we encourage you to also apply with other agencies.**



# Service Dog Application for Disabled Veterans

## PART 1: PERSONAL INFORMATION

This part of the application (pg. 4-7) is to be completed by the applicant applying for a Service Dog.

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: (Circle) M F Weight: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Branch of Service: \_\_\_\_\_ Term of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Veteran Affairs Disability Rating: \_\_\_\_\_

*Please note, branch of service, term of service, rank, and disability rating are for informational purposes only and **are not** factors used to determine eligibility for a Patriot PAWS service dog.*

### DEMOGRAPHICS

Nearest Relative/Caregiver: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



## Service Dog Application for Disabled Veterans

### VETERAN STATUS

Date of Service Connected Disability: \_\_\_\_\_

### EQUIPMENT REQUIRED (Please Check All That Apply)

Wheelchair – Manual:  Power:  Both:  Hearing Aid:  Crutches:  Cane:  Walker:

Prosthesis:  Wrist Brace:  Leg Brace:  3-Wheel Electric Scooter:  None

Other: (*Specify*) \_\_\_\_\_

Define Disability (please be as specific as you can):

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Cause of Disability (please be as specific as you can):

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Define Specific Need for a Service Dog (please be as specific as you can):

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# Service Dog Application for Disabled Veterans

## PTSD SYMPTOM CHECKLIST

Please check all that apply:

- Have nightmares, vivid memories or flashbacks
- Feel emotionally cut off from others
- Feeling numb or losing interest in things you used to care about
- Becoming depressed
- Think you are always in danger
- Feel anxious, jittery or irritated
- Experience a sense of panic that something bad is going to happen
- Have difficulty sleeping
- Trouble staying focused on one thing
- Have a hard time relating to, or getting along with spouse, family or friends
- Substance abuse
- Work all the time to occupy your mind
- Pulling away from people and becoming isolated
- No PTSD symptoms present

If there are other behaviors that are affecting you negatively, please explain below:

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# Service Dog Application for Disabled Veterans

## HOME ENVIRONMENT

Please give the names and ages of people living in the home and/or taking care of the disabled veteran on a daily basis.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

# Of Pets:- \_\_\_\_\_ (*Specify type and breed*) \_\_\_\_\_

Fenced Back Yard: (Circle) Y N If NO fenced yard, please explain location for exercise:

\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EQUIPMENT REQUIRED

Please check all equipment you use:

Wheelchair – Manual  Power  Both  Hearing Aid  Crutches  Cane  Walker  Prosthesis   
Wrist Brace  Leg Brace  3-Wheel Electric Scooter  None

Other: (*Specify*) \_\_\_\_\_

## STRENGTH ASSESSMENT

Rate your physical strength on a scale of 1 to 10 (1=Least and 10=Most). For example, if you have severe difficulty grasping a tennis ball, please put 1. If you have no difficulty grasping a tennis ball, put 10.

Right Hand: \_\_\_\_ Left Hand: \_\_\_\_ Right Arm: \_\_\_\_ Left Arm: \_\_\_\_ Right Leg: \_\_\_\_ Left Leg: \_\_\_\_ Upper Body: \_\_\_\_



## Service Dog Application for Disabled Veterans

### MEDIA RELEASE STATEMENT

Patriot PAWS Service Dogs periodically uses electronic and traditional media (i.e. photographs, video, audio, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to Patriot PAWS and its designees to use such reproductions for educational and publicity purposes in perpetuity without further consideration for me.

I understand that I will need to notify Patriot PAWS Service Dogs if any changes to my situation occur that will impact this media release permission.

**I have read the above release and am aware of its contents.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_





# Service Dog Application for Disabled Veterans

## ACKNOWLEDGEMENT

Patriot PAWS Service Dogs is a non-profit organization and relies on donations in order to place our service dogs. It takes approximately two and a half years to train a service dog at a cost up to \$38,000; consequently, Patriot PAWS must have the best interest of the service dog in mind when placing that service dog with an applicant.

**Therefore, Patriot PAWS Service Dogs reserves the right to deny an applicant at any stage of the process in acquiring a Patriot PAWS Service Dog. We also reserve the right to remove a placed dog from a recipient if it is deemed necessary by staff.**

Additionally, if the recipient should pass away within the first three years of the service dog's placement, the service dog must be returned to Patriot PAWS within thirty days.

While Patriot PAWS does not anticipate any of the above-mentioned problems, we must inform all applicants of these possibilities.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Witness Name: \_\_\_\_\_

## PROMISE OF PRIVACY TO APPLICANT'S PERSONAL HEALTH INFORMATION (PHI)

Patriot PAWS is fully committed to compliance with HIPAA guidelines, located at [www.HHS.gov](http://www.HHS.gov), by:

1. Providing appropriate security for our service dog applicant's (Applicant) PHI.
2. Protecting the privacy of our Applicant's medical information.
3. Providing our Applicant's with proper access to the medical portion of their application.
4. Appropriately maintaining our Applicant's information in compliance with national standards.

If you ever have any questions or concerns regarding an Applicant's PHI please bring them to the attention of the Compliance Officer at Patriot PAWS.



# Service Dog Application for Disabled Veterans

## HIPAA Authorization for Release of Information Form

### Applicant Authorization for Use and Disclosure of Protected Health Information

By signing, I authorize **Patriot PAWS Service Dogs** to use and/or disclose certain protected health information (PHI) about me to any business associate Patriot PAWS Service Dogs deems necessary beginning with the application process, including service dog training and placement, and ending with termination of the relationship with Patriot PAWS Service Dogs.

This authorization permits **Patriot PAWS Service Dogs** to use and/or disclose the following individually identifiable health information about me:

Limited release of information (only as described below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any and all personal health information relevant to relationship between applicant and Patriot PAWS Service Dogs

I have elected to opt out of the release of my personal health information.

The information listed above may be used or disclosed for, but not limited to, the following purpose(s), unless applicant has elected to opt out of releasing personal health information:

**Media publications, marketing promotions, determination of eligibility, customized training, service dog placement, grant writing, and fundraising purposes.**

The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

I do not have to sign this authorization in order to receive consideration from **Patriot PAWS Service Dogs**. In fact, I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to the privacy officer at:

**Jay Springstead/HIPAA Compliance Officer, Patriot PAWS Service Dogs, 254 Ranch Trail, Rockwall, TX 75032**

I acknowledge receipt and understanding of this HIPAA Authorization for Release of Information Form.

Signed by: \_\_\_\_\_  
Signature of Applicant or Legal Guardian Relationship to Applicant  
\_\_\_\_\_  
Print Applicant's Name Date  
\_\_\_\_\_  
Print Name of Applicant or Legal Guardian, if applicable.



# Service Dog Application for Disabled Veterans

## PART 2: MEDICAL HISTORY

**(This Form must be completed by your Medical Provider)**

Applicant/guardian must be provided with a signed copy of this authorization form

Applicant must submit part two Medical History to their medical provider. The Provider's office will send this section of the application directly to Patriot PAWS using the contact information on page C . Patriot PAWS Service Dogs may request specific vital information pertaining to the applicant's medical condition/disability.

### Background Information for Medical Professional

#### PATRIOT PAWS HISTORY

The mission of the Patriot PAWS Service Dogs organization is to train and provide service dogs for the benefit of disabled American veterans in order to help restore their physical and emotional independence.

Patriot PAWS was officially designated as a 501(C)(3) non-profit organization in February 2006 and is a fully accredited member of Assistance Dogs International (ADI).

#### SERVICE DOG ASSISTANCE

Most service dogs are donated by recognized breeders or selected from local animal shelters or rescue groups. Once fully trained, service dogs are able to assist veterans that have disabilities to accomplish daily tasks that would otherwise be difficult or impossible.

Each dog is customized to the individual needs of the owner. Patriot PAWS is committed to working together with veterans and their service dogs as they learn to work as a team to increase self-sufficiency. The dogs are trained to perform many services including but not limited to:

- Get help in emergencies
- Pick up and retrieve items
- Open and close doors and cabinets
- Pull wheelchairs
- Provide bracing to stand, walk and sit down
- Help with chores such as laundry
- Take shoes and socks off
- Emotional stability
- Perimeter checks
- Public relations
- Assist with nightmares and flashbacks



# Service Dog Application for Disabled Veterans

Many disabled veterans suffer from Post-Traumatic Stress Disorder along with depression, and the service dog plays a crucial role in the emotional stability of the veteran resulting in lifelong companionship. Some dogs are trained specifically for this purpose.

## MEDICAL OR MENTAL HEALTH PROVIDER RELEASE

Name of Provider: \_\_\_\_\_

Please release the requested medical information regarding my condition to Patriot PAWS Service Dogs. The information will be used to help the organization determine my abilities to obtain a service dog. Thank you.

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL OR MENTAL HEALTH PROVIDER CONTACT INFORMATION

Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## PATIENT STATUS

Define Primary Disability:

\_\_\_\_\_  
\_\_\_\_\_

Cause of Disability (**must be service-connected**):

\_\_\_\_\_  
\_\_\_\_\_

Are there significant secondary disabilities? \_\_\_\_\_ if yes, please describe: \_\_\_\_\_

\_\_\_\_\_

At what age was the patient disabled? \_\_\_\_\_ is the disability progressive? (*Circle*) Y N



# Service Dog Application for Disabled Veterans

## OVERALL PATIENT ASSESSMENT

Has this patient been actively and regularly attending medical or mental health scheduled appointments? (Circle) Y N

(PTSD) has the patient been actively and regularly attending (monthly) mental health Group counseling? (Circle) Y N

Do you think this individual has the ability to care for or enlist the help necessary to care for a service dog? (Circle) Y N

Additional comments/observations:

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Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you think Patriot PAWS would benefit from a consultation with you to facilitate placement of a service dog with this patient, please call our office and ask to speak with the Veteran Coordinator.*

**Please return the completed Medical History form to:**

**Mail:** Patriot PAWS Service Dogs  
254 Ranch Trail  
Rockwall, TX 75032

**Fax:** 972-772-3284

**Email:** [office@patriotpaws.org](mailto:office@patriotpaws.org)

**Questions:** 972-772-3282





(Attach additional sheets if needed)