



Application Cover Letter Service Dog Applicants

IMPORTANT: Please read this letter BEFORE beginning the application.

Dear Applicant:

Thank you for your interest in obtaining a service dog from the Foundation for Service Dog Support, Inc. (FSDS). Enclosed is an application packet, that must be completed in its entirety before we will process your application. ***Incomplete application packets will not be considered.*** Please make a copy of your completed packet for your records PRIOR to mailing it to the address on this letterhead.

Your packet contains all of the following materials:

- Service Dog Application
- Professional Reference Form
- Personal Reference Form
- Physician Statement of Disability
- Medical History Form
- Emergency Contact Information Form
- Consent / Non-consent for Medical Treatment Form
- Financial Inventory Form
- Photo Release Form
- General Release of Liability Form
- Notice of Privacy Practices
- Notice of Costs and Financial Resources
- ADI Standards and Ethics / Acknowledgement Form

Once your completed application is accepted, the information will be sent to our Selection Committee for pre-screening. Only those applicants who receive approval from the Committee will be asked to complete the application process. You will receive a call from a staff member informing you of the status of your application after the Committee has reviewed your request. If your request is approved by the Committee, we will schedule a phone interview for you with a program counselor. After the interview, you will be asked to attend three (3) classes so that our staff can observe you working with our students and dogs. The next step in the process will be a home study evaluation. Before completing all of the steps above, the staff will meet to determine your eligibility to receive a dog from our program. ***Please do not attempt to contact us to inquire about the status of your application once submitted.*** You will be contacted immediately once a decision has been reached.

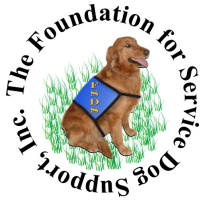
If you have any questions regarding *completing* this application, please do not hesitate to contact us along the way by phone or email.

Best wishes,
CJ Betancourt, MD
Executive Director, FSDS

Revised January 2011

Please mail completed packet to:

FSDS
10940 N. 67th Ave., #88
Glendale, AZ 85304



Application for Service Dog

Date of application ____/____/____

PART I: Personal information

Name of applicant _____

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

Street address _____

Mailing address (if different than above) _____

City _____ State _____ ZIP code _____

Email address _____

Home phone (_____) _____ - _____

Cell phone (_____) _____ - _____

Other phone (_____) _____ - _____

Part II: Family/Living Situation

What is your marital status?

Single, never married Married Divorced Widowed Separated

In what type of residence do you reside?

Private home Apartment Dormitory
 Assisted Living Facility Group Home Mobile Home

Other _____

Do you live in a single story home? Yes No

If no, is there an elevator available for your use? Yes No

Are there any stairs that lead up to your residence? Yes No

If yes, is there a ramp available for your use? Yes No

With whom do you live?

- Alone With spouse or significant other With parents
 With minor child(ren) With grown child(ren) With roommate
 With live-in caregiver Other (please specify) _____

Do you have any children? Yes No

If yes, please specify gender and ages _____

Are there any other family members in your home with disabilities?

- Yes No Not applicable

If yes, please specify _____

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

Is there an in-ground pool in your yard? Yes No

If yes, is the pool area fenced? Yes No

Part III: Employment Situation

What is your current employment status?

- Employed, full time Employed, part time Employed, per diem
 Unemployed Student (please specify) _____

What is your primary source of income?

- Self, through employment Disability Spouse or significant other
 Other (please explain) _____

Please answer the following questions only if you are employed.

Do you work outside of your home? Yes No

If yes, where do you work? _____

What is your job title? _____

Are you regularly exposed to paints, fumes or chemicals or other potential toxins where you work? Yes No

If yes, please explain _____

Is your work location stationary (ie: office/desk job, classroom)? Yes No

If no, please explain _____

Are you exposed to any loud noises on a regular basis on your job? Yes No

If yes, please explain _____

Part IV: Pets

Do you currently have any pets in your home? Yes No

If yes, please describe the number, type, gender, breed and ages of all pets _____

Have you ever had a dog before? Yes No

If yes, please tell us how you were able to care for the dog. _____

Is anyone in your home allergic to animals? Yes No

If yes, please explain _____

Does anyone in your home have a fear of dogs? Yes No

If yes, please explain _____

Part V: Service to Community

Are you a military veteran? Yes No

If yes, in which branch of the military did you serve?

Army Navy Marines Air Force

National Guard Coast Guard Other _____

Have you ever worked as a community servant in any of the following positions?

Police officer Firefighter Emergency medical services

School teacher Social services

During your career, have you ever worked to serve any of the following populations?

Individuals with disabilities Elderly Abused children

Battered women Terminally ill patients Animal rescue

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

Part VI: Acknowledgement and Signature

I certify that all of the answers I have provided on this application are up to date, accurate and true to the best of my knowledge.

Signature of applicant (or parent/guardian, if applicant is a minor)

Date

Printed name of above

Relationship to applicant



Medical History Form

This form **must** be completed by all applicants / students / volunteers.

In accordance with the requirements of Assistance Dogs International (ADI), under Administration Standards Section (R), the FSDS is required to maintain health history information on all program participants.

Date _____

Part I: Personal Information

Name _____

Date of Birth _____ Gender: Male Female

Type of program involvement (please check only one box)

Student trainer Service dog applicant Volunteer

Street Address _____

City _____ State _____ ZIP Code _____

Email address _____

Home Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

Other Phone (_____) _____ - _____

Part II: Past Medical History

This information is requested in order to allow the FSDS to provide accurate information to emergency health personnel in the event of sudden illness or injury during an FSDS sponsored event.

Do you have a history of any of the following problems?

- Heart Problems Asthma Diabetes
 Seizures Other chronic problems

If yes, please specify _____

Are you currently on any prescription medications? Yes No

If yes, please explain _____

Are you allergic to any medications? Yes No

If yes, please list and describe your reaction to the medication(s) _____

Are you allergic to any foods? Yes No

If yes, please list and describe your reaction to the food(s) _____

Are you allergic to any bites or stings? Yes No

If yes, please list and describe your reaction to the bites or stings _____

Do you carry an Epi-pen or similar medication in the event of a bite or sting?

Yes No

Part III: Disability Information

This section must be completed by **all** service dog applicants, as well as any program participant who will require an accommodation for their disability. Please note that the FSDS does NOT require you to disclose your diagnosis. We do, however, require information on the effects that your disability has on your ability to perform activities of daily living.

Please describe the nature of your primary disability _____

Is your disability: Congenital Acquired

If acquired, at what age did this occur? _____ years old

If acquired, how did this occur:

Accident / Trauma Environmental exposure Other

Please explain _____

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 _____

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

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Crutch/Cane | <input type="checkbox"/> Leg brace | <input type="checkbox"/> Arm brace |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Other |

If other, please specify _____

Please indicate which of the following activities are limited by your disability:

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Balance | <input type="checkbox"/> Coordination | <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Memory loss | <input type="checkbox"/> Physical stamina | |
| <input type="checkbox"/> Ability to navigate curbs and steps | <input type="checkbox"/> Ability to bend or retrieve dropped objects | | |
| <input type="checkbox"/> Ability to go out in public or socialize | <input type="checkbox"/> Ability to live independently | | |

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

What type of service dog are you requesting? *(For individuals applying for a service dog only)*

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Medical alert / signal | <input type="checkbox"/> Psychological |
|-----------------------------------|---|--|

(Please note that the FSDS currently does not train hearing or guide dogs.)

Are you able to attend three classes as a requirement of our screening process?

Yes No

If accepted into the program, are you able to attend classes during the final three (3) months of training as a requirement of this program? Yes No

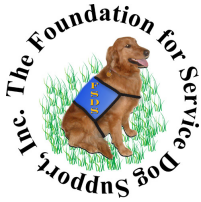
If your answer to either of the above is no, please explain _____

I certify that the answers that I have provided on this form are up to date, accurate and true, to the best of my knowledge. **I understand and agree** that in the event that any information changes during the time that I am actively involved with the FSDS I must provide updated information within 10 business days of such changes. **I understand and agree** that the FSDS has permission to share this information with emergency care providers in the event that emergency illness or injury should occur during an FSDS sponsored activity.

Signature of applicant (or parent/guardian if applicant is a minor)

Today's date

Printed name of applicant (or parent/guardian if applicant is a minor)



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 Act.

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.

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.⁵

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.

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

Signature of Physician (signature stamps not acceptable)

Date

Printed name of Physician / Area of Specialty

Office address

Office Phone #



Emergency Contact Form

This form **MUST** be completed by all staff, students, volunteers and graduates. In the event of emergency, the FSDS will make a good faith effort to contact the primary contact person you have listed below. If the FSDS is unable to reach your primary contact, an attempt will be made to reach your secondary contact. It is recommended that the primary contact person you have listed also has power of attorney over medical decisions for you. In the case of a minor who is connected with any FSDS program, the primary contact person listed **MUST** be a parent or legal guardian.

Emergency contact information

Primary contact (in the case of a minor, this MUST be a parent or legal guardian)

Name _____

Relationship to applicant _____

Street address _____

Mailing address (if different than above) _____

City _____ State _____ ZIP Code _____

Email address _____

Home phone (_____) _____ - _____

Cell phone (_____) _____ - _____

Other phone (_____) _____ - _____

Secondary contact _____

Relationship to applicant _____

Street address _____

Mailing address (if different than above) _____

City _____ State _____ ZIP Code _____

Email address _____

Home phone (_____) _____ - _____

Cell phone (_____) _____ - _____

Other phone (_____) _____ - _____



Consent for Medical and/or Emergency Treatment

I, _____, hereby voluntarily

- give consent
- give limited consent as follows _____
- DO NOT give consent

to the Foundation for Service Dog Support, Inc. (FSDS) to seek medical care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by medical doctors, hospitals or their authorized designees, as may in their professional judgment be necessary to provide for the medical, surgical or emergency care of:

Name

Relationship to patient

In the event that I am (or my dependent is) injured or ill while participating in organized events with the FSDS, I hereby give permission to the FSDS to provide first aid for myself or my dependent and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for transportation to the nearest emergency medical facility.

In making medical decisions on my behalf for the benefit of myself or my dependent, I direct that the FSDS attempt to notify my next of kin or designated contact person(s). If the FSDS cannot reach my primary contact, then I understand that the FSDS will attempt to notify my secondary contact. However, if medical care becomes essential, I give permission to the FSDS to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital or their authorized designee. In furtherance of any treatment decisions to be made by the FSDS on my behalf for the benefit of myself or my dependent, I authorize the FSDS to request, obtain, review and inspect any and all information bearing upon myself or my dependent's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment for the condition of myself or my dependent and that I am solely responsible for all costs associated with the care and treatment rendered to myself or my dependent.

Health insurance information

Primary insurance carrier

Health insurance policy# and group #

Name of insured

Relationship to patient

Secondary insurance carrier

Health insurance policy# and group #

Name of insured

Relationship to patient

Physician contact information

Name of primary care physician

Office phone (_____) _____ - _____

Name of dentist

Office phone (_____) _____ - _____

By signing this consent/non-consent document I acknowledge that I have carefully reviewed this information and fully understand the implication of this consent/non-consent form. I acknowledge that the information presented is up to date, accurate and true to the best of my ability. I understand and agree that in the event that any of the information changes I will submit a notarized statement to that effect to the FSDS within 10 business days of such changes.

Signature and relationship to patient

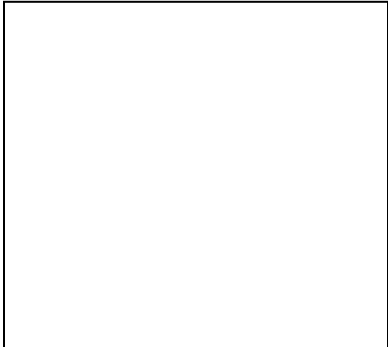
Printed name of above

Date

Signature of notary public

Printed name of notary public

Date





Professional Reference Form For Service Dog Applicants

Applicants: Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to the FSDS 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 the person completing the form: The above named individual is applying to get a service dog from the Foundation for Service Dog Support (FSDS). Please answer all questions to the best of your ability and return the form to the FSDS in the enclosed envelope.

1. How did you become professionally acquainted with this applicant?

2. Please describe the type(s) of community service that this person has performed for you (use back of form if necessary) _____

3. What do you believe to be this applicants greatest strength?

4. What do you believe to be this applicants greatest weakness?

5. Do you believe that this applicant has the ability to care for a service dog?
 Yes No

6. Please comment on the character and integrity of this person. _____

Printed Name/Title

Date

Signature

Please mail completed form directly to: FSDS, 10960 N. 67th Ave., Glendale, AZ 85304
Revised January 2011



Personal Reference Form For Service Dog Applicants

Applicants: Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to the FSDS 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 the person completing the form: Instructions to the person completing the form: The above named individual is applying to get a service dog from the Foundation for Service Dog Support (FSDS). Please answer all questions to the best of your ability and return the form to the FSDS in the enclosed envelope.

1. How did you become acquainted with this applicant?

2. Would you describe this applicant as a "team player"? Yes No

3. What do you believe to be this applicants greatest strength?

4. What do you believe to be this applicants greatest weakness?

5. Do you believe that this applicant has the ability to care for a service dog?
 Yes No

5. Please comment on the character and integrity of this person. _____

Printed Name/Title

Date

Signature

Please mail completed form directly to: FSDS, 10960 N. 67th Ave., Glendale, AZ 85304

Revised January 2011



Financial Inventory

(To be completed by all individuals seeking financial assistance)

IMPORTANT: Please read prior to completing form

The Foundation for service Dog Support, Inc. (FSDS) seeks to provide **limited** financial assistance to individuals seeking a service dog from our organization. The amount of financial assistance that is available will be based upon the availability of resources **and** the strength of the applicant's service to the community.

Individuals who have not performed community service and have been residents of Arizona for a minimum of one year may apply for limited assistance in an amount that is not to exceed 50% of the cost of obtaining a dog from our Foundation. Those who reside out of State are not eligible for financial assistance from the FSDS.

Individuals who have performed extraordinary community service may apply for financial assistance for the full cost of obtaining a service dog from the FSDS.

Individuals who are applying for a service dog from the FSDS and are currently receiving assistance from Victim Services (relating to an injury), Vocational Rehabilitation Services or Worker's Compensation may request a detailed cost quote from the FSDS for the purposes of seeking payment for the cost of the service dog from any of these agencies. It is solely the responsibility of the applicant to initiate and follow through with requests for payment through outside agencies.

To request financial assistance from the FSDS, you must complete the Financial Inventory Form in its entirety and submit all requested documentation. Incomplete submissions will not be accepted.

In the case of applicants who are minors, the parent/legal guardian must complete this information form based on their own personal/family income.

For those individuals who are not eligible for financial assistance from the FSDS, please refer to the Notice of Costs Form included in this application package for suggestions on possible funding sources.

Do not proceed with this application unless you are able to provide written proof that you have exhausted all other funding possibilities.

PART I: DEMOGRAPHICS

Name of applicant _____

Name of parent/guardian (if applicant is a minor) _____

DOB ____ / ____ / _____ Gender Male Female

Marital status: Married Single Separated Divorced
 Widowed

Total amount of financial assistance requested from the FSDS _____

PART II: PERSONAL/MONTHLY EXPENSES

Please list your average monthly expenses, based on the most recent three months.

Apartment rent (if applicable) _____

Space rent (if manufactured home community) _____

Electric bill _____

Water bill (if not included in rent) _____

Waste removal bill (if not included in rent) _____

Phone service _____

Internet services (if not included in rent) _____

Food _____

Laundry (if washer/dryer not available in home) _____

Clothing _____

Entertainment _____

Tuition (if applicable) _____

Student loan payments (if applicable) _____

PART III: Banking Information

Banking information of applicant

Balance in checking account(s) _____

Balance in savings account(s) _____

Banking information of guardian/spouse

Balance in checking account(s) _____

Balance in savings account(s) _____

Total of credit card balances

Applicant _____

Guardian/spouse _____

PART IV: ASSETS AND LIABILITIES

Home (if owned)

Year purchased _____

Purchase price _____

Current market value _____

Amount of unpaid principal _____

Total monthly mortgage payment _____

Other Real Estate

Year purchased _____

Purchase price _____

Current market value _____

Amount of unpaid principal _____

Total monthly mortgage payment _____

Vehicle of applicant (if applicable)

Year purchased _____

Make/model _____

Purchase price _____

Current market value _____

Amount of unpaid loan _____

Total monthly payment _____

Vehicle of guardian or spouse (if applicable)

Year purchased _____
Make/model _____
Purchase price _____
Current market value _____
Amount of unpaid loan _____
Total monthly payment _____

Business or farm (if applicable)

Percent of ownership _____
Total business or farm assets _____
Total business or farm liabilities _____

PART IV: ANNUAL INCOME AND EXPENSES

Please list your income for the past two years with the most recent year first.

Tax Year: 2010

TOTAL TAXABLE INCOME BEFORE DEDUCTIONS

Salaries and wages of applicant/guardian _____
Salaries and wages of spouse _____
Dividend/interest income of applicant _____
Dividend/interest income of spouse or guardian _____
Alimony payments _____
Net profits from business/farm _____
Other taxable income of applicant _____
Other taxable income of spouse or guardian _____
Total taxable income from above _____

TOTAL NON-TAXABLE INCOME BEFORE DEDUCTIONS

Untaxed payments to IRA for applicant _____
Untaxed payments to IRA for guardian or spouse _____
Self-employment deduction _____
Child support received for applicant _____
Child support received by guardian or spouse _____
Social Security benefits of applicant _____
Social Security benefits of guardian or spouse _____
Other non-taxable income _____
Total non-taxable income from above _____
In the case of other non-taxable income, please specify _____

MISCELLANEOUS

Total of deductions from IRS Schedule A _____
Total Federal Income Tax paid _____
Total Federal Income tax refund received _____
Total State Income Tax paid _____
Total State Income Tax refund received _____
Total self-employment tax paid _____
Total Property tax paid _____
Total medical and dental expenses for applicant that were NOT covered by insurance _____

Tax Year: 2009

TOTAL TAXABLE INCOME BEFORE DEDUCTIONS

Salaries and wages of applicant/guardian	_____
Salaries and wages of spouse	_____
Dividend/interest income of applicant	_____
Dividend income of spouse or guardian	_____
Alimony payments	_____
Net profits from business/farm	_____
Other taxable income of applicant	_____
Other taxable income of spouse or guardian	_____
Total taxable income from above	_____

TOTAL NON-TAXABLE INCOME BEFORE DEDUCTIONS

Untaxed payments to IRA for applicant	_____
Untaxed payments to IRA for guardian or spouse	_____
Self-employment deduction	_____
Child support received for applicant	_____
Child support received by guardian or spouse	_____
Social Security benefits of applicant	_____
Social Security benefits of guardian or spouse	_____
*Other non-taxable income	_____
Total non-taxable income from above	_____

*In the case of other non-taxable income, please specify _____

MISCELLANEOUS

Total of deductions from IRS Schedule A _____
Total Federal Income Tax paid _____
Total Federal Income tax refund received _____
Total State Income Tax paid _____
Total State Income Tax refund received _____
Total self-employment tax paid _____
Total Property tax paid _____
Total medical and dental expenses for applicant that were NOT covered by insurance _____

Checklist of required documents to be submitted:

- IRS Income Tax Forms for 2010
- IRS Income Tax Form for 2009
- Copy of Social Security Disability Award Letter (if applicable)
- Copy of Social Security Award letter for guardian or spouse (if applicable)
- Copies of last three pay stubs for applicant (if applicable)
- Copies of last three pay stubs for guardian or spouse
- Copies of bank statements for last three months for applicant
- Copies of bank statements for last three months for guardian or spouse
- Copies of credit card statements with balance due (***please delete account number***)
- Copies of rent statements for the past three months
- Copies of all utility bills for the past three months
- Copies of tuition bills (and cancelled checks) for the past two semesters (if applicable)
- Copies of any student loan documents (if applicable)
- Written proof of prior efforts to obtain financial assistance for the cost of a service dog
- Letter of hardship- no longer than one side of one page, neatly typed no smaller than 10 point font. Explain any extenuating circumstances; *note that any portions of the letter that exceed the specified length will not be considered.*

Certification and Authorization of Applicant (and spouse, if applicable) or parent, if applicant is a minor.

I/we, the undersigned, do declare that the information we have reported on this form is up to date, accurate and true, to the best of our knowledge and belief. Upon request, I/we agree to willingly provide any additional information that may be necessary to process our request for financial assistance.

I/we understand that application for financial assistance does not guarantee funding, and that such funding is based on the availability of resources. I/we understand that I am/we are solely responsible for the payment of any amounts pursuant to this agreement that are not covered by financial assistance from the FSDS.

Signature of applicant

Date

Signature of spouse

Date

Signature of parent/guardian (if applicant is a minor)

Date



Photo Release

I understand and agree that the FSDS will be photographing applicants, students and dogs, graduates and volunteers during training and events for the purposes of providing community education and/ or promoting the program. This may include still photos and/or videography. **I understand** that there may occasionally be TV stations and/or news reporters who may be present at classes and events to take footage and/ or photos of students and dogs for training and/ or publicity purposes. I hereby grant the FSDS permission to use these photos or footage, and grant permission to newspapers or TV stations to use these photos or footage for training and/ or publicity purposes. **I understand and agree** that all photos taken by the FSDS during the training are the exclusive property of the FSDS, and the FSDS reserves the rights to all such photos or videography.

Signature of applicant (or parent/guardian, if minor)

Date

Printed name of applicant (or parent/guardian, if minor)



Notice of Privacy Practices

FSDS program participants and volunteer staff are entitled to privacy of their personnel files. The only exceptions to this policy are cases where the participant is a minor, where prior express consent has been granted in writing, for the sharing of protected information or in cases where the FSDS may be required to share protected information as part of ongoing legal proceedings or investigations. The terms and conditions of our privacy policy are presented here for your information. Protected information includes but is not limited to any information in your personnel file including health information as well as attendance records, demographic data and all progress notes. **Please retain a copy of this document for your files.**

Privacy of Health Information

The FSDS is required to maintain medical history forms as well as signed consent / non-consent forms for medical treatment for each program participant. In those cases where consent has been granted for medical treatment, the FSDS is authorized to share medical information about you with emergency health care providers, on a need to know basis. For the purposes of this discussion, the following terms are defined as:

Treatment: this means the provision, coordination and/or management of health care and related services by one or more health care providers. An example of this would be the disclosure of your Protected Health Information (PHI) to providers outside of the FSDS who are connected to your health care treatment.

Payment: this refers to reimbursement for any services that are related to your treatment, and also including but not limited to confirmation of coverage, billing services or collection services and utilization review.

Health Care Operations: this includes the business aspects of a medical practice, such as quality assessment/control, auditing functions, cost-management analysis and customer services. It is also understood that the FSDS may be required to disclose protected health information about you to nurses, therapists, students and other health care personnel who are involved in your care and treatment.

The FSDS will, from time to time, be requested to participate in ongoing research studies in the service dog industry. For the purposes of this research, the FSDS may release de-identified, aggregate data regarding our program participants.

Legal authority to make health care decisions for minors or others

Usually, the health information rights for a minor are extended to the minor's parents or legal guardians. There are, however, exceptions to this rule. For example, some health care decisions may be provided for a minor without the consent of a parent or guardian under implied consent, in cases where a delay in treatment could have devastating consequences.

The FSDS may, without prior consent, disclose protected health information to carry out treatment, payment or health care options to a minor under the following circumstances:

- In an emergency treatment situation, if we attempt to obtain such consent as soon as is reasonably possible after delivery of such treatment;
- If we are unsuccessful in reaching the parent/guardian to obtain consent, or in cases where we are presented with a significant communication barrier and determine, in our professional judgment, that your consent to treatment is clearly implied by circumstances.

Permitted use or disclosure of any information

- *To avert a serious threat to the health or safety of yourself or others-* in the event that any FSDS staff becomes aware of a credible threat that you (or your dependent) intend to cause harm to self or others, we will take the necessary steps to notify the authorities to prevent such threat from becoming a reality.
- *Student interns-* the FSDS reserves the right to share information, as needed, with students who are interning with the FSDS and may be required to supervise any activities in which you may participate. In the event that you object to information sharing with an FSDS intern, you have the right to object in writing to prevent the sharing of such information.
- *Photo releases* are obtained for all students, and all photos and/or videography that are obtained during your participation in any of our programs are the exclusive property of the FSDS. The FSDS reserves all rights to these photos/videography. In the case of students who change their mind and no longer wish to be photographed, you may submit written notice of such decision and no further images will be obtained. All images taken prior to the date of this notice, however, continue to be the property of the FSDS and may be used for publicity or training purposes in accordance with prior written permission (per the terms of Photo Release form).
- *Military-* the FSDS may disclose your protected health information as required by military command authorities if you are in the armed services.
- *Workers Compensation-* the FSDS may disclose your protected health information if required by workers compensation or similar programs to the extent necessary in order to comply with laws relating to workers compensation or other similar programs that provide benefits for work-related injuries or illness, as established by law.
- *Public health entities-* as required by law, the FSDS may disclose protected information about you to the Arizona Department of Public Health in order to:
 - Prevent or control disease, injury or disability;
 - Report suspected child abuse or neglect;
 - Notify a person who may have been exposed to a disease or may be at risk of contracting or spreading a disease or condition;
 - Notify the appropriate government authority if we believe that a client may have been the victim of abuse, neglect or domestic violence. We will only make this disclosure subject to certain requirements when mandated and authorized by law;
 - Notify the appropriate authorities in cases where a program participant informs the FSDS that they are intending to harm, neglect or abuse self or others, In order to protect the other person and our client.

- Lawsuits and legal disputes- the FSDS may disclose protected information about you in cases of legal disputes to the extent that we are required to cooperate in any ongoing investigations.

The FSDS is required to inform you of our privacy policies as well as our legal duties as they pertain to your protected information. This notice is prepared and effective as of January 1st, 2011 and we are required to abide by the terms and conditions of this notice. We are also required to provide you with written notice of any revisions that may occur during the time that you are involved as a program participant with the FSDS. If you believe that your privacy has been violated, you may contact one or both of the following departments:

The Foundation for Service Dog Support, Inc. (FSDS)
10960 N. 67th Ave., #88
Glendale, AZ 85304
928-427-0375

OR

Office of Civil Rights; U.S. Department of Health and Human Services
1301 Young Street, Suite 1169 200 Independence Ave SW
Dallas, TX 75202 Washington, DC 20201
Phone (214)767-4056 FAX (214)767-0432 TDD (214)767-8940
Toll free 1-877-696-6775

When contacting us, please provide us with as much detail as possible so that your complaint may be fully investigated without delay. You will not be penalized for the filing of any complaint.

A signed copy of this page MUST be returned to the FSDS within seven (7) business days of receipt.

RECEIPT OF PRIVACY PRACTICE NOTICE

I, _____, acknowledge that the FSDS has provided me with a written copy of their privacy practices on this date of _____. I understand that information regarding program participants is privileged and will not be shared with anyone outside of the FSDS without my written expressed permission with the exceptions that have been noted in this document. I acknowledge and fully understand the information that has been presented to me in this document.

Signature of program participant (or parent/guardian, if minor)

Date

Printed name of above



Notice of Costs and Financial Resources

The FSDS charges a flat fee of \$6,500 for the training and placement of an assistance dog. This fee covers the costs of the applicant screening process, provision of medical treatment and training for the dog and recipient education and follow-up services. The actual cost for the FSDS to train an assistance dog is just over \$15,000. The FSDS actively seeks monetary donations as well as donations of goods and services to defray the cost of providing an assistance dog to a client. Clients are invited to participate in fundraising activities if they are interested and able to, though this is not a requirement. We believe that active participation in all aspects of the process results in a more successful experience for our clients.

It is the responsibility of the client to seek financial assistance from the community if s/he is unable to afford the fee as an out-of-pocket expense. Examples of some community organizations that may be able to provide financial assistance include:

- Kiwanis Club
- Rotary Club
- Lion's Club
- Knights of Columbus
- Other religious organizations
- Other community service organizations

Other sources of funding may include:

- Corporate matching funds
- Corporate foundations
- Local businesses
- Vocational Rehabilitation Services
- Victim Services (for crime victims)
- Worker's Compensation
- Veterans Administration – Local veterans may initiate the process of requesting reimbursement for the cost of obtaining an assistance dog with the Prosthetics Department of the local Veterans Administration Hospital

The FSDS will, upon request, supply you with a letter that you may use for the purposes of seeking funds to cover the cost of obtaining an assistance dog.



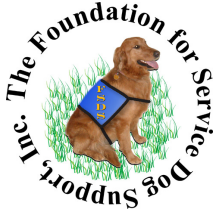
General Release of Liability Statement

I _____ hereby release any liability(ies) or claim(s) in participating in any activities or services sponsored by the FSDS organization. I acknowledge that I assume the risks and responsibilities in such participation and hold the FSDS harmless for any injuries or liabilities incurred or sustained in my participation. It is understood and agreed that, by acknowledging and signing this release, I irrevocably, unconditionally and completely releases and forever discharges the FSDS, and all of its principals, officers, heirs, representatives, successors, subsidiaries, assigns, affiliates, shareholders, partners, employees, former employees, attorneys, insurers, and/or agents from 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, or could have been alleged, against the FSDS, and all of its principals, officers, 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 Participant (or parent/guardian, if participant is a minor)

Date

Printed Name of Participant (or parent/guardian, if participant is a minor)



Education and Training

ADI Standards and Ethics

The FSDS has adopted the standards that have been established by Assistance Dogs International (ADI). This is a coalition of non-profit training programs that train and place service dogs (SDs). ADI grants membership candidacy status to organizations that have met or obtained any of the following requirements:

- 501(c)(3) tax exempt status
- Signed recommendation letter from an ADI program
- Signed letter from the Board Chair of the training program
- 5 letters of endorsement from program graduates
- Adherence to at least the minimum standards and ethics promoted by ADI.
- Accepted as a provisional/ member candidate for a minimum of one year

Full membership status is currently being granted only to those organizations that successfully complete the accreditation process. ADI granted exception for those programs that obtained membership status prior to the requirement for accreditation. In such cases full membership status was continued contingent upon the program completing accreditation in a specified time frame.

The FSDS is a member candidate program with Assistance Dogs International (ADI) and as such, we are fully compliant with all public access and training standards that ADI promotes. ADI is an international coalition of service dog programs, and membership in such a network is something that the FSDS believes benefits both program and recipients.

Having stated this, it is now important for you to understand the written ADI guidelines as they are written, for training. The ADI has established separate standards for programs, handlers and dogs. We are presenting all of this information to you in this packet. Please bear in mind that these represent minimum standards. Whenever possible, the FSDS strives to not only meet, but exceed these guidelines. We encourage you to familiarize yourself with these standards. Your questions, comments and suggestions are welcomed throughout the process.

You can locate additional information about the ADI by visiting their website at:

www.adionline.org

Information on standards can be found by using the left side bar located on the main page. Scroll down to "Training Standards" and click on the desired topic. We have reprinted this information here for your convenience. Note that this information has been reprinted below exactly as it appears on the ADI website as of January 1st, 2011.

ADI standards for "facility dogs" are not yet developed, but there is notice on the website that this information is forthcoming.

ADI Minimum Standards for Training SDs

These are intended to be minimum standards for all assistance dog programs that are members or provisional members with ADI. All programs are encouraged to work at levels above the minimums.

1. The service dog must respond to commands (basic obedience and skilled tasks) from the client 90% of the time on the first ask in all public and home environments.
2. The service dog should demonstrate basic obedience skills by responding to voice and/or hand signals for sitting, staying in place, lying down, walking in a controlled position near the client and coming to the client when called.
3. The service dog must meet all of the standards as laid out in the minimum standards for Assistance Dogs in Public and should be equally well behaved in the home.
4. The service dog must be trained to perform at least 3 tasks to mitigate the client's disability
5. The client must be provided with enough instruction to be able to meet the ADI Minimum Standards for Assistance Dogs in Public. The client must be able to demonstrate:
 - That their dog can perform at least 3 tasks.
 - Knowledge of acceptable training techniques.
 - An understanding of canine care and health.
 - The ability to maintain training, problem solve, and continue to train/add new skills (as required) with their service dog.
 - Knowledge of local access laws and appropriate public behavior.
6. The assistance dog program must document monthly follow ups with clients for the first 6 months following placement. Personal contact will be done by qualified staff or program volunteer within 12 months of graduation and annually thereafter.
7. Identification of the service dog will be accomplished with the laminated ID card with a photo(s) and names of the dog and partner. In public the dog must wear a cape, harness, backpack, or other similar piece of equipment or clothing with a logo that is clear and easy to read and identifiable as assistance dogs.
8. The program staff must demonstrate knowledge of the client's disabilities in relation to the services they provide. The program shall make available to staff and volunteers educational material on different disabilities.
9. The client must abide by the ADI Minimum Standards of Assistance Dog Partners.
10. Prior to placement every guide dog must meet the ADI Standards and Ethics Regarding Dogs, be spayed/neutered and have current vaccination certificates as determined by their veterinarian and applicable laws. It is the program's responsibility to inform the client of any special health or maintenance care requirements for each dog.

ADI Standards and Ethics Regarding Clients

In keeping with our purpose of helping people with disabilities achieve greater independence and improve the quality of their lives, the member organizations of ADI believe the following ethical criteria are essential to ensure that this mandate is reasonably and responsibly met.

1. Clients have a right to be considered to receive an Assistance Dog regardless of race, sex, religion or creed.
2. Clients have the right to be treated with respect and dignity at all times in their dealings with the member organization's personnel and representatives.
3. The client has a right to receive a sound educational program to learn how to use his or her Assistance Dog most effectively at home and/or in public.
4. The client has a right to receive appropriate education on his or her role as a user of an Assistance Dog in the community.
5. The client has the right to receive regularly scheduled team evaluation and follow-up support.
6. The client has a right to receive information on or ask for assistance in the following matters:
 - Additional training for the dog that is needed due to a change in the client's functional level.
 - A behavioral management problem with the dog.
 - A major veterinary problem.
 - Legal problems pertaining to the use and access of the Assistance Dog as allowed by law.
7. The client has the right to expect that personal files will remain confidential and will not be disclosed unless he or she has given express prior permission.
8. The community has a right to expect an Assistance Dog to be under control at all times and to exhibit no intrusive behavior in public, therefore the client has the right be partnered with an appropriate dog and taught appropriate handling techniques.
9. The community has a right to receive information concerning ADI Program Standards and Ethics.
10. The community has a right to receive education on the benefits received by a person with a disability through the use of an Assistance Dog.
11. No client shall be required to participate in fund raising or public relations activities without their expressed and voluntary permission.

ADI Standards and Ethics for Dogs

ADI also believes that any dog the member organizations trains to become an Assistance Dog has a right to a quality life. Therefore, the ethical use of an Assistance Dog must incorporate the following criteria.

1. An Assistance Dog must be temperamentally screened for emotional soundness and working ability.
2. An Assistance Dog must be physically screened for the highest degree of good health and physical soundness.
3. An Assistance Dog must be technically and analytically trained for maximum control and for the specialized tasks he/she is asked to perform.
4. An Assistance Dog must be trained using humane training methods providing for the physical and emotional safety of the dog.
5. An Assistance Dog must be permitted to learn at his/her own individual pace and not be placed in service before reaching adequate physical and emotional maturity.
6. An Assistance Dog must be matched to best suit the client's needs, abilities and lifestyle.
7. An Assistance Dog must be placed with a client able to interact with him/her.
8. An Assistance Dog must be placed with a client able to provide for the dog's emotional, physical and financial needs.
9. An Assistance Dog must be placed with a client able to provide a stable and secure living environment.
10. An Assistance Dog must be placed with a client who expresses a desire for increased independence and/or an improvement in the quality of his/her life through the use of an Assistance Dog.
11. An ADI member organization will accept responsibility for its dogs in the event of a graduate's death or incapacity to provide proper care.
12. An ADI member organization will not train, place, or certify dogs with any aggressive behavior. An assistance dog may not be trained in any way for guard or protection duty. Non-aggressive barking as a trained behavior will be acceptable in appropriate situations.

ADI Minimum Standards for Assistance Dogs in Public

These are intended to be minimum standards for all assistance dog programs that are members or provisional members with ADI. All programs are encouraged to work at levels above the minimums.

1. **Public appropriateness**
 - Dog is clean, well-groomed and does not have an offensive odor.
 - Dog does not urinate or defecate in inappropriate locations.
2. **Behavior**
 - Dog does not solicit attention, visit or annoy any member of the general public.
 - Dog does not disrupt the normal course of business.
 - Dog does not vocalize unnecessarily, i.e. barking, growling or whining.
 - Dog shows no aggression towards people or other animals.
 - Dog does not solicit or steal food or other items from the general public.
3. **Training**
 - Dog is specifically trained to perform 3 or more tasks to mitigate aspects of the client's disability.
 - Dog works calmly and quietly on harness, leash or other tether.
 - Dog is able to perform its tasks in public.
 - Dog must be able to lie quietly beside the handler without blocking aisles, doorways, etc.
 - Dog is trained to urinate and defecate on command.
 - Dog stays within 24" of its handler at all times unless the nature of a trained task requires it to be working at a greater distance.

It must be noted that dogs are living creatures, and re-homing can be a stressful time. It should be expected that there will be a transition time during which the dog will grow accustomed to its new surroundings. Dogs may also grieve the loss of their previous handler. Every effort will be made by the FSDS to make this transition as seamless as possible. This includes providing time during the training process for the dog to grow accustomed to you, the recipient, and as appropriate, allowing the dog the opportunity to visit your home in advance of the transition. We encourage recipients to be patient during this transition and allow some time for the dog to be comfortable working in its new environment. The FSDS will provide assistance to recipients as needed during this transition time.

ADI Minimum Standards for Trainers

These are intended to be minimum standards for all assistance dog programs that want to be affiliated with ADI. All Trainers are encouraged to work at levels above the minimum.

1. Trainers must understand and adhere to all ADI Minimum Standards and Ethics.
2. Trainers must be able to produce effective working teams that meet ADI Standards (i.e. Public Access Test, demonstration of tasks) as reviewed at the 1 year anniversary of the team.
3. Trainers must have up to date knowledge of best practices in many areas including:
 - learning theory
 - canine behavior
 - canine care and safety
 - a variety of training techniques, equipment and methods
4. Trainers must demonstrate effective:
 - communication skills
 - instruction of groups and individuals
 - assessment and problem solving skills
 - self assessment and improvement of performance
5. Trainers must demonstrate:
 - an understanding of the matching process of client with dog
 - knowledge of the environment a team will encounter, specifically concerning family, community, school and workplace and the impact these may have on each working team.
 - knowledge of and ability to determine when a training process, placement, or certification needs to be discontinued.
6. Trainers have a responsibility to the public, therefore they must:
 - have knowledge of pertinent canine laws (i.e. leash laws and public access laws)
 - build rapport and establish effective working relationships with co-workers, clients, volunteers, and the community
 - use appropriate behavior in public when working with each dog and or client, (i.e. train one dog at a time, be polite, show respect and consideration to people and property, and maintain good personal and canine hygiene)
 - be willing to educate the public about assistance dogs and access rights.



Acknowledgement of Standards and Guidelines

I, _____, hereby acknowledge that I have received the information on the Standards and Ethics of Assistance Dogs International (ADI). I understand that the Foundation for Service Dog Support, Inc. (FSDS) is a member candidate program with ADI, and that the FSDS is required to adhere to ADI's standards and ethics as presented.

I understand and agree to abide by all ADI guidelines, as well as all rules and regulations of the FSDS during the time that I am in training with the FSDS. **I understand and agree** that if, at any time, I am found to be in violation of either the standards and ethics of ADI or the rules and regulations of the FSDS, I will be dropped from the program. **I understand and agree** that should this action become necessary, I am not entitled to a refund for any or all monies that have been paid up until that time.

I understand and agree that should I have any questions regarding the standards and ethics, or rules and regulations as they have been presented in the applicant packet, I may contact the FSDS by phone at 928-427-0375, or by email at: cjbetancourt@servicedogsupport.org **or** andrea@servicedogsupport.org to have my questions answered.

I acknowledge that I have reviewed the information presented to me and have no further questions. **I understand** the information as presented **and agree** to abide by all standards and ethics of ADI as well as FSDS rules and regulations. This includes the time I spend in training, as well as my working life with my FSDS service dog.

Signature of Applicant (or parent/guardian if applicant is a minor)

Date

Printed name of applicant (or parent/guardian if applicant is a minor)