

SERVICE DOG TRAINING PROGRAM APPLICATION

SERVICE DOG **THERAPY DOG** **SOCIAL SUPPORT DOG**

GENERAL INFORMATION

Date: _____

SSN: _____

Name _____

Address _____

City/State/Zip _____

County _____ Number of years at current address _____

Home Phone _____ Work Phone _____

Cell Phone(s) _____

E-mail Address _____

PERSONAL INFORMATION

Age _____ Date of Birth _____ Height _____ Weight _____

Type of Disability _____

Date of Disability _____

Other Special Areas of Disability _____

PHYSICAL MOBILITY (CHECK ALL THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> Walk Normally | <input type="checkbox"/> Crutches (one or two) |
| <input type="checkbox"/> Walk Slowly but Steadily | <input type="checkbox"/> Cane (one or two) |
| <input type="checkbox"/> Walk Unsteadily | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Non-Ambulatory | <input type="checkbox"/> Braces |
| <input type="checkbox"/> Wheelchair <input type="checkbox"/> Manual <input type="checkbox"/> Power | |
| <input type="checkbox"/> Article Limb (explain) _____ | |
| <input type="checkbox"/> Use of Lab Board (all or part of time) | |

Hand and Arm Movements

Right Handed Left Handed

Describe hand or arm limitations _____

Speech

Speech Impairments Describe _____

How do you communicate, if impaired? _____

Hearing

Describe any hearing impairment _____

Vision

Describe any vision impairment _____

Learning Disabilities

Describe Specific Disabilities _____

Other

Describe any special areas of disability not covered or any area of physical need that you feel we should be aware of _____

HOME/WORK/SCHOOL ENVIRONMENT

How many persons are living in your home?

Name	Age
_____	_____
_____	_____
_____	_____

Do you live in a House Apartment Group Home Other
If Other, explain_____

DAILY ACTIVITIES

Work What Kind_____

School Specify_____

Other regular activities or hobbies_____

Do you describe yourself as: (check one)

Very active Active Inactive

Do you spend a major part of your day in bed?_____

If so, approximately how many hours_____

PETS/TRAINING

How many other pets do you own? (specify number, type and kind)

Do they live inside or outside?_____

Name and phone number of your vet_____

May we contact your vet? Yes No

What is your experience with training or dog care?_____

Have you ever been investigated for animal neglect or cruelty by a Humane Organization?

Yes No Explain_____

INFORMATION ABOUT YOU

Have you applied to other service dog organizations? Yes No

If so, which organization and the result? _____

Have you ever been convicted of a felony? Yes No

Describe yourself in three words _____

Pick three words that your family would use to describe you _____

Where do you hope to see yourself and your service dog in one year? _____

Five years? _____

NEEDS ASSESSMENT

- | | |
|---|---|
| <input type="checkbox"/> Opening household doors | <input type="checkbox"/> Opening commercial doors |
| <input type="checkbox"/> Picking up dropped objects | <input type="checkbox"/> Retrieving cordless phone |
| <input type="checkbox"/> Getting up from ground | <input type="checkbox"/> Getting up from a sitting position |
| <input type="checkbox"/> Helping to undress | <input type="checkbox"/> Helping with laundry |
| <input type="checkbox"/> Getting help in case of emergency | |
| <input type="checkbox"/> Carrying items What items _____ | |
| <input type="checkbox"/> Turning on/off light switches Explain _____ | |
| <input type="checkbox"/> Poor balance in walking Explain _____ | |
| <input type="checkbox"/> Difficulty on stairs Explain _____ | |

In what other areas do you feel a service dog might assist you? _____

FINANCIAL

What is your primary source of income? _____

We greatly appreciate your help in working with us to raise public awareness of our program. This can be done through presentations and/or word of mouth at civic organizations, religious organizations, support groups, schools, clubs, etc. Our dogs are valued at \$10,000/\$3,000/\$500. Please list any groups you feel would be willing to sponsor the cost of all or part of a service dog for you.

You will be responsible for raising your funds through fundraising, grants or a payment plan. If payment plan is selected you will meet with a financial counselor.

Are you eligible for third party assistance such as: BVR VA Other _____

PERSONAL AND PROFESSIONAL REFERENCES

Name

Street Address City State Zip Code

Name

Street Address City State Zip Code

Name

Street Address City State Zip Code

INFORMATION AND PHOTO RELEASE

I hereby give permission to Goodwill Industries of Greater Cleveland and East Central Ohio, Inc. to use my name, city and photographic image in its printed brochures, newsletters, presentations, press releases and fund raising efforts.

Signature _____ Date _____

Person to contact if we are unable to reach you

Name

Street Address City State Zip Code

Phone _____ Relationship _____

I attest that the above provided information is accurate, truthful and up-to-date to the best of my knowledge. Enclosed is a letter of recommendation from a non-family member and my \$25.00 non-refundable application fee payable to Goodwill Industries of Greater Cleveland and East Central Ohio, Inc.

DISCLOSURE

Pursuant to the requirements imposed by the Fair Credit Reporting Act (“FCRA”), as revised by the Consumer Credit Reporting Reform Act of 1996, Goodwill Industries of Greater Cleveland and East Central Ohio, Inc. hereby advises the undersigned Applicant that Goodwill Industries of East Central, Inc. may, as a condition of evaluating you for placement of a service dog, obtain a consumer report pertaining to you. A consumer report is defined under the FCRA as any written, oral or other communication of any information by a consumer reporting agency bearing on a consumer’s creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for placement of a service dog purposes. This report may include a criminal background check.

If Goodwill Industries of Greater Cleveland and East Central Ohio, Inc. obtains a “consumer report” about you, and if Goodwill Industries of Greater Cleveland and East Central Ohio, Inc. considers any information in the “consumer report” when making a placement of a service dog decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with respect to “consumer reports” and “consumer reporting agency.”

AUTHORIZATION

I, _____, by signing below, hereby voluntarily authorize Goodwill Industries of Greater Cleveland and East Central Ohio, Inc. to obtain “consumer reports” about me from a “consumer reporting agency” and to consider such reports when making decisions about my application for placement of a service dog with Goodwill Industries of Greater Cleveland and East Central Ohio, Inc.

I understand that I have rights under the FCRA, including those discussed above.

Signed in the presence of:

Witness

Date

*Applicant

Date

FCRA §604(b) (2)

**Signature and date are required to process application.*