



# Canine Partners *for* Life

## SERVICE DOG APPLICATION

### SECTION 1

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for requesting a service dog application** from Canine Partners for Life. The addition of a service dog into a person's life is a big commitment. The benefits, both physical and emotional, are significant. We encourage interested parties to apply for a dog. This in no way commits the applicant to a decision, but instead indicates an interest and allows us to schedule an interview to discuss the specifics of the program and how a dog may fit into and benefit the individual's life.

**We do not train a person's own puppy or dog.** Most of our dogs come from our puppy home program, although we do utilize dogs from rescues and shelters. Generally, we do not place full service dogs with children under the age of twelve or who are not yet working at a 6<sup>th</sup> grade level. It is felt that younger children do not have the developmental skills necessary to allow for the consistent care and handling that is so vital for the success of a working team.

**Since the usual waiting period for placement** is from two to four years, do not hesitate to complete the application if the child is over the age of ten. It is important that we learn about the applicant, so we ask that the person applying for the dog complete the application. If unable to do so, please complete it using the applicant's own words. If it would be easier to video or audio tape the replies, please feel free to do so.

**There is a \$25 non-refundable processing fee that must be included with the application.** Once the application has been reviewed, an initial interview will be scheduled.

**Canine Partners for Life is an accredited member of Assistance Dogs International.** CPL respects the privacy of its applicants and recipients and all information is kept confidential although files may be periodically reviewed by accreditation agencies to ensure CPL's commitment to the highest standards of excellence in the assistance dog industry.

Canine Partners for Life conducts its business and acceptance process in a manner that will not discriminate against anyone on the basis of race, color, religion, gender, national origin, age, the presence of mental or physical disability, sexual preference, life expectancy, or whether the individual is a disabled veteran or veteran of any era. It is Canine Partners for Life's policy to treat everyone who comes in contact with the organization with respect and dignity at all times.

At no time will Canine Partners for Life require applicants, students, or graduates to participate in fundraising or marketing activities.

**I have read, understand, and agree to SECTION 1 of this application (please initial):** \_\_\_\_\_  
**(parent/guardian please initial if applicant is under the age of 18 years):** \_\_\_\_\_

## **SECTION 2**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **What to expect when you apply for a service dog:**

- To participate in an initial interview. Most initial interviews are held in person at CPL. If an applicant lives more than 250 miles from the CPL facility we may accept an interview by video but with the understanding that a personal interview will be required before a placement is made. If the applicant is under the age of 18, all custodial parents or legal guardians must attend the interview. Expenses associated with travel, and lodging if necessary, are the applicant's responsibility.

### **What to expect after your interview:**

- To attend at least one Graduate Support Class per year (or as many as possible) to qualify for the waiting list. Staff may assist with alternatives for those who live at extreme distances.
- To provide your own transportation to and from the Graduate Support Classes and to provide attendant care if warranted. There is no public transportation available.
- To complete an applicant update form every six months.

### **What to expect if accepted to waiting list and a dog is selected:**

- To purchase basic supplies for the dog - cost approximately \$300-\$400.
- To travel, at your expense, to CPL for a 3-week, mandatory team training session.
- To arrange for your accommodations for the 3-week training session. Cost for hotel and meals are approximately \$2000. Free housing with volunteers is often available but not guaranteed.
- To arrange your daily transportation to and from CPL and on field trips for the 3-week training session.
- To provide your own attendant care, if warranted, during the 3-week training session.

### **What to expect during team training:**

- To participate in a group class of 12-16 people.
- To provide for an aide/personal care attendant, if warranted. (Medical Alert students must be accompanied by another person during the entire 3-week team training session. Students under the age of 18 must be accompanied by a responsible adult during the entire 3-week team training session.)
- To work 7-8 hours or more daily. Activities include lectures, field trips, working with your dog in various public settings, and perhaps more activity than you may be used to doing.
- To provide your own meals (breakfast, lunches & dinners) including some field trips out for meals (and for your aide if one accompanies you).
- To provide your admission costs for field trips during 3-week training session – approximately \$100 to \$200 per person (and for aide if one accompanies you).
- Understand that you will not be permitted to participate in any activities outside of the 3-week training session.
- A requested donation (to be determined by a sliding scale – ranging from \$1,000 - \$3,000) should be sent to CPL before the start of team training.

**SECTION 2 CONTINUED**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**What to expect after your graduation:**

- Follow-up with a CPL trainer via phone or email - daily for the first week, weekly for the first month, and monthly for the first 6 months of the partnership.
- For the first year after graduation, to attend at least 6 scheduled Graduate Support Classes at Canine Partners for Life or attend two 6-8 week obedience sessions with a CPL approved trainer in your area and have the trainer complete the required evaluation.
- To attend a minimum of one Graduate Support Class per year for the duration of the team's active working life if you live within a 250-mile radius of CPL.
- To complete and return a self evaluation form along with the dog's health records and proof of licensing, if required, every six months for the active working life of the team.
- To complete certification tests in accordance with CPL policies (generally every one to two years). Certification testing may be done by video for those living beyond a 250 mile radius of CPL.
- To retain current certification through CPL.
- Provide the required veterinary and health care for your dog according to CPL guidelines. Food will cost approximately \$60 per month. Other health responsibilities/expenses include monthly heartworm preventive, flea/tick preventive, annual veterinary examination and necessary vaccinations, grooming and emergency veterinary care.
- To join the CPL family for life!

**I have read, understand, and agree to comply with SECTION 2 of this application**

**(please initial):** \_\_\_\_\_

**(parent/guardian please initial if applicant is under the age of 18 years):** \_\_\_\_\_

**SECTION 3**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

All Parents/Guardians' names if Applicant is under the age of 18:

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

Phone numbers of Parents/Guardians:

\_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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

County: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Presently: \_\_\_\_\_ Student \_\_\_\_\_ Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired \_\_\_\_\_ Other

Are you a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact Person/Telephone: \_\_\_\_\_

If student, please list current grade level, school address, & principal's name:

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

If employed, list occupation, employer, employers address, & name of supervisor.

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

**SECTION 3 CONTINUED**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list all other assistance dog organizations you have applied to and your status with them:

\_\_\_\_\_

Please note type of disability and age of onset.

\_\_\_\_\_

\_\_\_\_\_

If applying for a seizure alert dog, please list type of seizures and frequency.

**Please note - applicants must experience 2-4 seizures per month to be considered.**

\_\_\_\_\_

\_\_\_\_\_

If you are applying for a seizure alert dog, do you utilize a vagus nerve stimulator? \_\_\_ Yes \_\_\_ No

Do you use a wheelchair? If so, is it power or manual? Do you use any other mobility aids? Please list.

\_\_\_\_\_

\_\_\_\_\_

Do you require the assistance of an aid or family member for daily living skills? If so, what are that person's responsibilities and number of hours worked?

\_\_\_\_\_

\_\_\_\_\_

Do you currently have a valid driver's license? \_\_\_ Yes \_\_\_ No

Do you currently operate a motor vehicle? \_\_\_ Yes \_\_\_ No

If yes, do you utilize any adaptive equipment while driving? \_\_\_\_\_

Do you have any pets? Please list: \_\_\_\_\_

\_\_\_\_\_

**SECTION 3 CONTINUED**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list your sources of income and monthly amount: \_\_\_\_\_

Please list all the people residing in your home and their ages: \_\_\_\_\_

Do you have a fenced in yard? \_\_\_\_\_

Do you have any experience working with animals? If yes please explain:

Have you ever been convicted of a misdemeanor, summary offense, or felony related to the abuse, mistreatment, neglect or harm to animals? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe in detail including the state and date in which the conviction was made: \_\_\_\_\_

Would you be able to come to the organization for the required three-week training course? \_\_\_\_\_

Who referred you to CPL? \_\_\_\_\_

**I have completed SECTION 3 of this application to the best of my knowledge and with information that is true and correct.**

**Applicant's Signature:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant is under the age of 18 years:** \_\_\_\_\_

## SECTION 4

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please include with your application the following:**

1. **A PHOTO OF THE APPLICANT**

2. **A LETTER OF RECOMMENDATION**

This letter must be written by someone outside of your immediate family.

3. **A DESCRIPTION OF APPLICANT ESSAY**

The purpose of this essay is to enable Canine Partners for Life to understand your physical traits, lifestyle, disability, activities and personality. Through a detailed description of yourself, your home, your family, and your activities, we can better establish the suitability of your situation for a service dog. Please be as precise and comprehensive as possible. Use as much space as you feel necessary for us to get to know you!

4. **A MEANING AND FUNCTION OF A SERVICE DOG ESSAY**

Please explain why you feel a service dog would be beneficial. Which of your daily activities could be accomplished more easily and independently with the help of a service dog? How do you feel a service dog could help you other than with physical tasks? What do you feel you will be able to offer the dog in return?

*Please complete essays on separate pieces of paper. Essays must be in the words of the person applying for the dog.*

5. **A DVD OR USB FLASH DRIVE VIDEO OF THE APPLICANT'S HOME**

Please show us around your home and introduce all family members and pets. You may also want to include your school, workplace, and other places where you spend a lot of time. (Please DO NOT send your video via a link in an email or as a YouTube video link.)

6. **\$25 NON-REFUNDABLE APPLICATION PROCESSING FEE**

**SECTION 5**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Canine Partners for Life**

**Complaint Policy for Non-employees**

Any non-employee (volunteer/applicant/student/recipient/donor) who has a grievance concerning CPL practices has the right to file a complaint according to procedures outlined in this policy. Grievances may include, but are not limited to, a perception of violation of rights; quality of service; discrimination based on category of race, age, disability, etc.; or other matter.

Complainants are treated with dignity and respect at all times, regardless of the nature of their complaint. They will not be discriminated against, harassed, intimidated, or suffer any reprisal as a result of filing a complaint or participating in an investigation of a complaint. If an individual feels that he or she is being subjected to any of the above, that person has the right to appeal directly to the Executive Director.

Affected parties should attempt to resolve the problem informally as soon as possible. Volunteers should discuss issues with the Volunteer Coordinator, donors with the Director of Development, and applicants/students/recipients with their trainer. If a solution cannot be reached, the person may present a formal complaint, in writing, to the Executive Director. Following the same protocol, complaints about the Executive Director should first be brought to her attention and then to the Board President if necessary. The President may be reached through CPL's mailing address. Formal complaints and responses to them will be documented and kept on file.

All complaints are handled in a timely manner. As a goal, CPL attempts to resolve a complaint within 20 working days from the time of its initiation. If an extension of the time limit becomes necessary, all involved parties will be notified.

**I have read, understand, and agree to SECTION 5 of this application.**

**Applicant's Signature:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant is under the age of 18 years:** \_\_\_\_\_

---

Return this completed application along the items listed on page 7 to the address noted below. Please allow 2-3 weeks for processing. If you have further questions regarding the Canine Partners for Life application or program, please call (610) 869-4902 x 210.

**Canine Partners for Life, P. O. Box 170, Cochranville, PA 19330**  
**www.k94life.org • info@k94life.org • Fax (610) 869-9785**