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|  | Journey Together Service Dog Inc. P.O. Box 2205Oshkosh, WI 54903Phone: 920-322-5532email: apply\_sd@journeytogetherservicedog.org |

# Journey Together Service Dog Inc. Preliminary Application

# This is a preliminary application for a PTSD dog through Journey Together Service Dog Inc. If basic requirements are met then you will be contacted to take next steps with eligibility for a dog. All applicants will be considered regardless of race, sex, religion, creed, sexual orientation and ethnic origin however the program is designed specifically for individuals that have been diagnosed with PTSD.

## Applicant Information

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| --- | --- | --- | --- |
| Full Name: |       | Date: |       |

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| --- | --- | --- | --- | --- | --- | --- |
| Date of Birth:  |       | Sex: | Male |       | Female |       |
| Home Phone:  |       | Cell Phone : |       |

|  |  |
| --- | --- |
| Email:  |       |

|  |  |  |
| --- | --- | --- |
| Address: |       |       |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |       |       |       |
|  | City | State | ZIP Code |

|  |  |  |  |  |  |  |  |  |  |
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| Do you own or rent?  |       | Does your landlord allow dogs : |       | Do you have a fenced yard?  |       |

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| If no, how will you keep your dog in the yard? |       |

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| Is your landlord aware you are applying for a service dog?  |       | Can we contact your landlord? |       |

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| --- | --- | --- | --- |
| Landlord Name:  |       | Landlord Phone: |       |

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| --- | --- |
| Where did you hear about us? |       |

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| --- | --- |
| Do you have a PTSD diagnosis (from a qualified and licensed mental health professional)? |       |

|  |  |
| --- | --- |
| Have you been in therapy for a minimum of 1 year for your PTSD? |       |

## Employment

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Place of Employment: |       | Currently Employed: | Part-time |       | Full-time |       |

|  |  |  |
| --- | --- | --- |
| Address: |       |       |
|  | Street Address | City |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Phone: |       | Is your work aware you are applying for a service dog? |       |
| Name of Supervisor: |       | May we Contact them: (Y/N) |       |

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| Phone # for Supervisor: |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source of Income:  | Employment |       | Social Security |       | Disability |       |
|  | Other |       |

## Household Information

Please list names and ages of people living in your home

|  |  |  |
| --- | --- | --- |
| Name | Age | Allergies to Dogs? |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Please list all pets in your home

|  |  |  |
| --- | --- | --- |
| Name | Type | Age |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |

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| --- | --- | --- | --- |
| Name of Veterinarian:  |       | May we contact them for a reference? |       |

## Reason for Requesting a Service Dog

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| --- | --- |
| Are you a veteran? (Y/N) |       |

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| What Branch? |       | Is your PTSD Service related? (Y/N) |       |

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| --- | --- | --- | --- |
| What percentage are you disabled? |       | Date of Discharge: |       |

|  |  |
| --- | --- |
| Nature of Discharge: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you a crime victim? (Y/N) |       |  | Is your PTSD related to being a crime? (Y/N) |       |

|  |  |
| --- | --- |
| What type of documentation do you have? (ex: court document, newspaper, etc.) |       |

Describe the nature of your PTSD and other disabilities. Please be as specific as possible including information about when it began and prediction for next 10 years of your disabilities. (feel free to use a separate sheet of paper to answer this question)

Explain why you need a service dog. Include specific tasks you need a service dog to perform. (feel free to use a separate sheet of paper to answer this question)

## Ability to provide daily training, attention and care

(Please answer Yes or No for each question)

|  |  |  |
| --- | --- | --- |
| A service dog needs daily training, attention and care. |       |  |
| Do you have time to spend with the dog?  |       |  |
| Are you able to exercise and potty the dog multiple times per day? |       |  |
| Are you able to take the dog to the veterinarian? |       |  |
| Are you able to groom the dog?  |       |  |
| Are you able to clean up after the dog goes to the bathroom? |       |  |
| Will your service dog accompany you to work? |       |  |
| Will your service dog accompany you on vacations? |       |  |
| Will your service dog accompany you on errands? Ex. shopping/ restaurants  |       |  |
| How many hours a day will your service dog be alone? |       | Hours/day |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you drive? (Y/N) |       |  If not. How would you get to training? |       |

**Please indicate by placing your initials next to each of the following statements that you have read and agree to following statements.**

|  |  |
| --- | --- |
|       | I understand I must have a medical diagnosis (from a licensed and qualified medical professional) that warrants placement of a service dog. If applying for a PTSD service dog, I must have PTSD diagnosis (from a qualified and licensed mental health professional) and be actively engaged in therapy for a minimum of one year for my PTSD.  |
|  |  |
|       | I understand the estimated yearly cost of caring for a service dog is roughly $2,500 and I understand I am responsible for those expenses.  |
|  |  |
|       | I understand if approved for a service dog from Journey Together Service Dog Inc., I will be subject to a criminal background check prior to the dog being placed in my care.  |
|  |  |
|       | I understand that I must be receiving mental health counseling and care to be eligible for a dog from Journey Together Service Dog Inc.  |
|  |  |
|       | I give permission for Journey Together Service Dog Inc. to contact my providers if I am accepted to receive a PTSD dog from the program |

## Agreement and Signature

|  |  |
| --- | --- |
| Do we have your permission for a background check? (Y/N) |       |

*I attest that the above statements are true and factual to the best of my knowledge. I consent to a criminal background check.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |       | Date: |       |

**Return Applications to:**

**apply\_sd@journeytogetherservicedog.org**

**If you have questions, please direct them to the email address above or call us at 920-322-5532**