



Service Dog Application Process for Veterans

1. Eligibility: **ALL** era, branch, and component(s) of Veterans are welcome to apply and will be considered on a case-by-case basis for a fully certified self-trained service animal.
2. We will be performing a background check on all applicants, applying for a service animal.
3. Complete this application, please type or print, clearly, in black or blue ink.

Part I: Personal Information

- ❖ A copy of your DD214, or equivalent for reserve component Veterans, (to include blocks 23 thru 30).
- ❖ Veterans Affairs (VA) compensation letter (annual award letter/disability rating will be sufficient) *found on e-benefits*.
- ❖ Two reference letters are required (professional or personal).
 - Applicants must provide letters from two individuals (pg.11) who have agreed to provide support to the service animal team. These individuals have access to the training staff, as needed, and agree to provide an immediate and temporary home for the dog should an emergency arise. These letters must be signed and mailed by the references, themselves, and the letter must contain: their name, address, phone number.

Part II: Medical History

- ❖ Medical History must be completed by the Veteran's medical or mental health provider.
Part II Medical History will not be accepted by any source other than medical providers.

PLEASE NOTE: APPLICANT'S DISABILITY MUST BE SERVICE CONNECTED AND NOTED AS SUCH IN THE MEDICAL HISTORY PORTION OF THE APPLICATION.

Pre-Qualifying Questions:



Are you willing to attend all classes required throughout the training period?

Circle Y / N

Are you willing to wait 3+ years in order to train a service dog?

Circle Y / N

Are you financially able to cover the expense of a service dog, i.e. Vet Visits, Food, Etc.?

Circle Y / N

Are you willing to submit to a background check?

Circle Y / N

Please use the following checklist to ensure all required items are completed and sent to HAVEN.

- Part I: Personal Information – complete and sign.
- Media Release – complete and sign.
- Acknowledgement – complete and sign.
- HIPAA Authorization for Release of Information – complete and sign.
- Two Referral Letters –signed support team commitment letters.
- DD-214, or equivalent for reserve component Veterans.
- Part II: Medical History – sign Provider’s Release.
- PTSD Letter of specific stressors.

Questions regarding this process may be submitted via email at: HAVENMKE@gmail.com or phone: 414.617.1159.

This part of the application is to be completed by the Veteran applying for a Service Dog.



PART I—PERSONAL INFORMATION

Date: _____ Referred By: _____

Name (Last, First, MI): _____

DOB: _____ Gender: (Circle) M F Weight: _____

Marital Status: _____ Spouse (if applicable): _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone (Home): (____) _____ Phone (Cell): (____) _____

Text Message: Y or N Email: _____

Branch of Service: _____ Years of Service: _____ Rank: _____

VA Disability Rating: _____ *Please note: Branch of Service, Years of Service, Rank, and Disability Rating are for informational purposes only and **are not factors used to determine eligibility.***

DEMOGRAPHICS

Nearest Relative/Caregiver: _____

Relationship: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone (Home): (____) _____ Phone (Cell): (____) _____



EQUIPMENT REQUIRED (CHECK ALL THAT APPLY)

- None
- Wheelchair (Power)
- 3-Wheel Electric Scooter Wheelchair (Manual)
- Crutches Cane Walker
- Prosthesis Wrist Brace Leg Brace
- Hearing Aid
- Cane
- Other _____

Define Disability (please describe the exact disability you want a Service Dog to help with):

Cause of Disability (be as specific as you can, *“military service” is not a specific cause*):

Define Specific Need(s) for a Service Dog:



In your own words, explain in detail, the individual stressor(s): (*what triggers you?*)

STRENGTH ASSESSMENT—1 =LEAST and 10=MOST

Rate your physical strength on a scale of 1 to 10. 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 ____ Upper Body ____ Back

SYMPTOM CHECKLIST (1=mild; 2=moderate; 3=severe; no mark=not present)

Depressed Mood 1 2 3 n/a

Social Isolation 1 2 3 n/a

Mania 1 2 3 n/a

Anger/Irritability 1 2 3 n/a

Negativity 1 2 3 n/a

Hallucinations 1 2 3 n/a

Impulsivity 1 2 3 n/a

Anxiety 1 2 3 n/a

Paranoid Ideation 1 2 3 n/a

Delusions 1 2 3 n/a

Dissociation 1 2 3 n/a

Obsessions/Compulsions 1 2 3 n/a

Other Symptoms: _____

History of addiction (substance and/or behavior):



History of Anger Management:

HOME ENVIRONMENT—attach more if needed on separate page

Please give the name(s) and ages of people living in the same residence of the Veteran on a daily basis.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Home Pet(s)—Name Type/Breed Age Gender

Home Pet(s)—Name	Type/Breed	Age	Gender

Fenced backyard: (Circle) Y or N If “no” fenced yard, explain location for exercise:



Who is the primary caregiver of family pet(s) (if applicable):

Does anyone in your residence have any concern(s) of having an assistance dog in your/his/her home? Does he/she not want to have a dog in the house? If so, please explain.

MILITARY BACKGROUND—check all that apply (doesn't impact eligibility)

Please check which applies to you:

- CURRENT SERVING
- OIF/OEF (2001-PRESENT)
- DESERT STORM/SOMALIA/BOSNIA (1990s)
- COLD WAR (1945-1989)
- VIETNAM (1961-1975)
- KOREA (1950-1953)
- BEFORE LISTED

Branch of Service: _____ (Circle) Active or Reserve Component

Years of Service: _____ Start/End (MM/YY-MM/YY): _____

Highest Rank Achieved: _____ Pay Grade: _____

Type of Discharge: _____

MEDIA RELEASE STATEMENT



HAVEN periodically uses electronic, traditional media (i.e., photography, video, audio, testimonial(s) and social media for publicity and/or educational purposes. By my signature, on this form, I acknowledge receipt of this document and give permission to HAVEN and its designees to use such reproductions for educational and/or publicity purposes in perpetuity without further consideration for me.

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

Signature: _____ Date: _____

Print Name: _____ Initials: _____

Witness Signature: _____ Date: _____

Print Name: _____ Initials: _____

Signatures will be hand signed and not electronically.

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

HAVEN is fully committed to compliance with HIPPA guidelines, located at www.hhs.gov by:

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

If you have any questions or concerns, please bring them to the attention of our Compliance Officer.

HIPPA—AUTHORIZATION FOR RELEASE OF INFORMATION FORM



Applicant Authorization for Use and Disclosure of Protected Health Information:

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

This authorization permits HAVEN to use and/or disclose the following individually identifiable health information about me:

- All personal health information relevant to the relationship between applicant and HAVEN.
- Limited release of information (only as described below): _____

-
- I elect 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 Veteran 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 to receive consideration from HAVEN. 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 disclosure by the recipient and may no longer be protected by the federal HIPPA 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.

- I acknowledge receipt and understanding of this HIPPA Authorization for Release of Information.

Signature: _____ Date: _____

Print Name: _____ Initials: _____

FAMILY CARE PLAN—



While we at HAVEN do not impose a problem in your health/life, we would like to know what/who you have planned in case such emergency(s) arise:

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

EMPLOYER LETTER—

To the Veterans that are still able to be employed, we ask you to provide an employer's letter. This letter will be written/signed on the company's letterhead, from your highest-ranking supervisor, stating that your place of business has no reservations against you having a dog inside the business, should you receive one. This letter will express support to you. Please get this letter to HAVEN as soon as possible.

If your employer has any questions on this, please have them reach out to HAVEN at 414.617.1159



PART II—MEDICAL HISTORY

The medical recommendation(s), for a service dog, will be sent directly from your medical provider. Please ensure your provider is aware of your request and on medical provider/office letterhead.

The Provider's office will send the letter, directly to HAVEN, **using the contact information on page 2.** HAVEN may request specific/vital information pertaining to the Veteran's medical condition/disability.

Many disabled Veterans suffer from Post-Traumatic Stress Disorder (PTSD) 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/MENTAL HEALTH PROVIDER RELEASE

Name of Provider: _____

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

Veteran's Name (Please Print): _____

Veteran's Signature: _____ Date: _____

MEDICAL/MENTAL HEALTH PROVIDER CONTACT INFORMATION

Provider Name: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Provider Signature: _____ Date: _____

Signatures will be hand signed and not electronically.



MENTAL HEALTH INFORMATION AND VERIFICATION FORM—

_____ (“Veteran) is applying to be a part of our service dog program, including our training regiment. So that we may evaluate the veteran’s application, please provide the mental health information and verification requested below.

1. Is the veteran currently in treatment for post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and/or military sexual trauma (MST)? Circle Y / N
2. Has the veteran been diagnosed with any psychiatric conditions? Circle Y / N
 - a. If yes, which psychiatric conditions is the veteran diagnosed with?

- b. Is a treatment plan in place for diagnoses? Circle Y / N
- c. Please provide details regarding all relevant diagnosis(es)?

3. Is the veteran currently a threat to self or others and/or suicidal? Circle Y / N Please provide details:

4. Is the veteran pursuing a service dog as a first level of treatment? Circle Y / N Please provide details:

5. Please describe the veteran’s ability to cope with and manage anger.

6. Please describe the veteran’s overall mental health status and treatment plan, including any substance abuse, addiction, and/or dependency other than for prescribed medications.



Provider Name: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Provider Signature: _____ Date: _____

Signatures will be hand signed and not electronically.