**APPLICANT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apt #: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | | | | State: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Zip code: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Mailing Address (if different): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Cell: | | | | | | |  | | | | | | | | | Work: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Text: | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | |  | | | | | | | | | | | | | | | Age: | | | |  | | | | | | | | | | | | | | | | | Gender: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Height: | | | |  | | | | | | | | | | | | | | Weight: | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | How long have you been disabled? |  | Years | Are you a Veteran: |  | YES |  | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your disability (check all that apply)? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Autism | | | | | | | |  | | Post-Traumatic Stress | | | | | | | | | | | | | | | | | | | | |  | | | Brain Injury | | | | | | | | |
| What is your disability (check all that apply)? | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Autism | | | | | | | |  | | Post-Traumatic Stress | | | | | | | | | | | | | | | | | | | | |  | | | Brain Injury | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Mobility/Balance | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| Service Dog tasks you require to mitigate your disability (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Anxiety/Depression | | | | | | | | | |  | | Space Management | | | | | | | | | | | | | | | | | | |  | | | Awake from nightmares | | | | | | | | | | | | | | | | | | | |  | | | | | Mood Swings | | | | | | | | | | | | | | | |
|  | Open/Close Doors | | | | | | | | | |  | | Agoraphobia | | | | | | | | | | | | | | | | | | |  | | | Medication reminders | | | | | | | | | | | | | | | | | | | |  | | | | | Panic Attacks | | | | | | | | | | | | | | |
|  | Bracing to stand/walk/sit/balance | | | | | | | | | | | | | | | | | | |  | | | Other, Describe: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you use any equipment as a result of your disability? (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Crutches | | | |  | | | | Cane | | | | |  | | | Walker | | | | | | | |  | | | Brace(s) | | | | | | | | | |  | | Prosthetics | | | | | | |  | | Other: | | | | | | | | | | | |  | | | | | | | | | | | | |
| Has your medical professional recommended you look for a service dog? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | YES | | | | | | | | | | |  | | NO | | | | |
| Will your medical professional provide a letter in support of you receiving a service dog? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | YES | | | |  | | | NO | | | | | |
| Have you ever had a dog? | | | | | | | | | | | | |  | | | YES | | | |  | | NO | | | | | | | | | | | | | Have you ever had a service dog? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | YES | | | |  | | | NO | | | | |
| Dog’s Breed: | | | | | | |  | | | | | | | | | | | | | | | | | | Age: | | | | |  | | | | | | | | | | | | | How long did you have them? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |

Describe the obstacles/challenges you encounter at home and in the community:

If you’re anticipating a life change in the next year, please describe it:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select one of the following service dog programs: |  | Professional Train Program |  | Owner Train Program |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | ***Complete for Owner Training Program*** | | | | | | | | | | | | | | | | | | | | | |
| Do you have a dog you would like to train to be a service dog? | | | | | | | | | | | | | |  | YES | | | |  | NO |
| Dog’s Name: | |  | | Age: | | |  | | | | | Date of last vaccinations: | | | | | |  | | |
| Breed: |  | | Weight: | | | | |  | | | | | Height: | | |  | | | | |
| Has your dog attending any training classes? | | | | |  | YES | | |  | NO | List Certificates Earned: | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Spouse/Partner: |  | | |
| Spouse Address, if different: | |  | |
| Phone number(s), if different: | | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** | | | | | | | | **Age** | | | | | |  | | **Child’s Name** | | | | | | | | | | | | | | **Age** | | |
|  | | | | | | | |  | | | | | |  | |  | | | | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | |  | |  | | | | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | |  | |  | | | | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | |  | |  | | | | | | | | | | | | | |  | | |
| Do you anticipate a move in the next year? | | | | | | | | |  | | | YES | | |  | NO | | | | | | | | | | | | | | | | |
| Do you live in a: |  | House |  | | Apartment | | | | | | |  | Other, Please Describe | | | | | | | | | |  | | | | | | | | | |
| Which of these best describes your yard? | | | | | | | | |  | | No Fence | | | | | | | |  | | 4 foot wood fence | | | |  | | 6 foot wood fence | | | | | | | |
|  | | | | | | | | |  | | | Other | | | | | |  | | 4 foot chain link | | | |  | | 6 foot chain link | | | | | | | |
| Is your yard completely fenced? | | | | | |  | YES | | | | |  | NO | | | | | | | | | | | | | | | | | | | |
| List your source(s) of income? | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | | | | | |
| Can you support the cost of a service dog’s food/health care, averages from $700-$1200 per year? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | YES | |  | NO | | | |

**Provide 2 references, ex: friend, veterinarian, family member, etc**

*Reference 1*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | |  | | | | | | | | | | | Apt #: | | |  | | | | |
| City: | |  | | | | | State: | | | | |  | | | Zip code: | | | | |  | | |
| Home Phone: | | |  | | | | | | | | Cell: | |  | | | Work: | | |  | |
| Email: |  | | | | | | | | | Text: | | | |  | | | | | | | |
| Best time to reach them: | | | | |  |  | | |  | How do you know them? | | | | | | |  | | | | |
| How many years have your known them? | | | | | | | |  | | | | | | | | | | | | | | |

*Reference 2*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | |  | | | | | | | | | | | Apt #: | | |  | | | | |
| City: | |  | | | | | State: | | | | |  | | | Zip code: | | | | |  | | |
| Home Phone: | | |  | | | | | | | | Cell: | |  | | | Work: | | |  | |
| Email: |  | | | | | | | | | Text: | | | |  | | | | | | | |
| Best time to reach them: | | | | |  |  | | |  | How do you know them? | | | | | | |  | | | | |
| How many years have your known them? | | | | | | | |  | | | | | | | | | | | | | | |

**APPLICANT AGREEMENTS**

**Review each statement below. Initial statements if you agree.**

1. **I certify that the above information is true and correct. \_\_\_\_\_\_\_\_**
2. **I do hereby apply to Cascade Service Dogs for a service dog and for the special training in the use of said dog. \_\_\_\_\_\_\_\_**
3. **To assist Cascade Service Dogs in determining whether or not I can use and care for a service dog, I submit the above information. \_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Applicant:** |  | **Date:** |  |
| **Signature of person who completed application if different than applicant:** |  | **Date:** |  |

**Return completed application by email to:** [Sharon@CascadeServiceDogs.org](mailto:Sharon@CascadeServiceDogs.org)

**Or by mail to:**

**Cascade Service Dogs**

**P.O. Box 2641**

**Olympia, WA 98507**