

**True Blue Dogs**  
*Serving People in Need*

**Mission Statement:**

The specific purpose of our corporation is to perform acquisition, development and training of qualified Service Dogs for public access to assist individuals with disabilities according to the American with Disabilities Act of 1990.

**Application Checklist**

To be eligible for True Blue Dogs’ service dog program you must meet requirements set forth in this application:

- Proof of treatment with a licensed therapist (preferred) or currently enrolled for care;
- Willingness to submit to a criminal background check; and
- Show commitment to taking the necessary action to take charge of your life and your future.

- Application Information** pages 3 - 9
- Photography Authorization & Release** page 10

Complete pages 3-10, sign and return to:

True Blue Dogs  
4509 Dean Street  
Woodstock, IL 60098-7502

**APPLICATIONS WILL NOT BE ACCEPTED BY EMAIL FOR PRIVACY REASONS.**

- Authorization to Disclose Health & Medical Information** pages 11-18  
Sign **Provider’s Release** (*Authorization to Disclose Health Information*) on page 11-12, initial the bottom of page 11, then send pages 11-18 (*Authorization to Disclose Health Information & Medical Information*) to your **Provider(s)** to complete.

- Family Questionnaire** pages 19-20  
Have a **family member** complete, sign and mail directly to True Blue Dogs.

## Application Process

### 1. Please type or print clearly with blue or black ink only.

Complete Applicant Information (pages 3-10) of the application. Review and sign the Photography Authorization and Release (page 11). Mail both completed and signed forms to:

True Blue Dogs  
ATTN: Applications  
4509 Dean Street  
Woodstock, IL 60098-7502

2. Complete and sign the **Authorization to Disclose Health** Information (page 11-12). Provide the original to the applicant's medical professional(s) and send a signed copy with the applicant's completed application to the address listed in #2 above.
3. Fill in the information requested on the top portion of page 13, initial the bottom of page 11 and sign page 12 prior to giving to the applicant's medical provider(s).
4. Medical Information (pages 13-18) is to be completed by the applicant's Medical or Mental Health Provider(s). Please have the Provider(s) office send the Medical Information directly to True Blue Dogs at the address listed in #2 above. If the applicant has multiple medical or mental health providers, have each one complete a form.
5. **Family Questionnaire** (pages 19-20) is to be completed by a parent, spouse, significant other or family member currently living with the applicant. If the applicant lives alone, have the document completed by one of those qualified that see the applicant on *at least a weekly basis*. Please have the parent, spouse, significant other or family member send the Family Questionnaire portion of the application directly to True Blue Dogs at the address listed in #2 above.
6. Please note, sending in the application is only the first step in the application process. The application will be reviewed upon receipt; any additional information needed will be requested from the applicant, their medical professional or their family member. Once the application is complete, it must first be reviewed by the Application Committee for tentative approval. The timeframe between tentative approval and actual receipt of a service dog can be up to two years or more. It is important to send in all required documents so that the Application Committee can make an informed decision about the application. The applicant will be notified by a representative of True Blue Dogs as to the status of the application (put into the queue, pending, deferred, etc.).

7. When True Blue Dogs is starting to pull an applicant/service dog pairing class together, the application will be reviewed by the Selection Committee. A representative of True Blue Dogs will contact the applicant to clarify any committee issues, answer any questions about the program and discuss the next steps in the application process.
8. Once a service dog is matched to the applicant, the applicant must be able to travel to Illinois and attend the entire training session required by True Blue Dogs. If an applicant is unable or unwilling to attend the entire training session, they will not receive a service dog. If True Blue Dogs trains a service dog for an applicant and the applicant leaves the training session early, the service dog will remain with True Blue Dogs. In this case, the applicant may be required to reimburse True Blue Dogs for all costs incurred in training the service dog as well as travel, room and board expenses incurred for the needs specific to the applicant.
9. Do not assume that answering a question in a particular way will automatically disqualify the applicant from the program. We are not looking for the “right” answer. We want honest answers. This will assist us in helping the applicant.
10. Questions regarding this process may be emailed to:  
kirk@truebluedogs.org  
No confidential information should be sent via email. Send us a note, including a daytime phone number, state that there are questions about the application process, and we will call the applicant.

## Service Dog Program Application Applicant Information

**Please Note:** *This application must be completed by the applicant or answered under the direction of the applicant. If completed by someone other than the applicant, on a separate piece of paper, please identify the person completing the application and explain why the applicant is unable to complete the application on his/her own.*

### General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender:  Male  Female

Marital Status:  Single  Married  Separated  Divorced  Other: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_

Last school attended or attending: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Housing Information

**With whom do you live?** (Check all that apply)

- Alone       With parent(s)       With spouse or significant other
- With attendant     With roommate(s)

Other: \_\_\_\_\_

**Do you have a strong support system?**

Yes – If yes, who: \_\_\_\_\_

No – If no, please explain: \_\_\_\_\_

**What type of residence is your home**

- House     Apartment     Dorm     Condo     Mobile home

Other: \_\_\_\_\_

How long have you lived there: \_\_\_\_\_

**Does your home have a fenced yard, enclosed area or other space for a dog to exercise?**

- Yes     No

**Do you own any pets?**

Yes – If yes, what kind and how many: \_\_\_\_\_

No

### Military Information

Are you serving, or have you ever served in the **U.S. military**?       Yes  No

*(if No, continue to next section – Civil/Criminal Charges)*

What is your **military status**?     Veteran     Active Duty     NG/Reserve

**Branch** of service: \_\_\_\_\_    Dates of service: \_\_\_\_\_

**Rank** at discharge: \_\_\_\_\_    Type of discharge: \_\_\_\_\_

**Honorable:**     Yes     No

Where did you serve: \_\_\_\_\_

### Civil/Criminal Charges

**Have you ever had, or do you have, pending criminal charges?**     Yes    No

If yes, please explain:

Dates:

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**Have you served, or are you currently serving, parole or probation?**     Yes    No

If yes, please explain:

Dates:

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**Have you ever been charged with driving under the influence?**     Yes    No

If yes, please explain:

Dates:

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**Have you ever been charged with domestic violence?**     Yes    No

If yes, please explain:

Dates:

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**Have you ever been charged with animal cruelty?**     Yes    No

If yes, please explain:

Dates:

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### Owning a Dog

Have you ever owned an animal, specifically a dog?  Yes  No

If yes, please explain:

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Do you reside with or visit children regularly, or do children regularly visit you?  Yes

How many?                      What are their ages?

How frequently?  Daily  Weekly  Monthly  Other: \_\_\_\_\_

No

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How do you feel about the use of a service dog publicly identifying you as a person with disability?

Please explain:

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Please describe the benefits you anticipate receiving from a service dog:

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Define your need for a service dog (*please be as specific as you can*):

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### Personal Information

The following questions are designed to help us select and train the right dog to match your temperament and emotional way of being. **Please answer the questions and use the space provided to include any additional comments you feel would help us understand your reactions to situations.**

**How assertive are you in relating to people over a difference of opinion?**

**How self-confident do you feel when faced with new problems or uncertain circumstances?**

**Are you able to react calmly in a crisis?**  Yes  No

**Are you able to feel and express fear?**  Yes  No

**Are you able to feel and express sorrow?**  Yes  No

**Are you able to feel and express love?**  Yes  No

**Are you able to feel and express anger?**  Yes  No

**Are you able to feel and express joy?**  Yes  No

**When challenged, do you feel able to stand your ground?**  Yes  No



**Are you willing to learn new concepts, even if they are contrary to your current beliefs?**

Yes  No

**Are you able and willing to assume full responsibility for your behavior?**  Yes  No

**Are you able to control your emotions?**

Yes  No

**Can you recognize when you are emotionally overwhelmed and take positive steps to gain control?**

Yes  No

**Are you an emotionally sensitive person?**

Yes  No

**Are you willing to accept constructive criticism?**

Yes  No

**Are you able to laugh at yourself?**

Yes  No

**Are you sensitive to being embarrassed?**

Yes  No

**Are you a shy person?**

Yes  No

**Are you able to empathize with (understand and relate to) other people?**  Yes  No

TM

**How committed are you to change your life and fully participate in what True Blue Dogs has to offer you?**  Yes  No

Please explain:

**Are you able to provide proper nutrition, cleanliness, warmth, grooming, bathing and exercise as well as ensure timely and proper veterinary care for the dog?**  Yes  No

**Do you have the capacity to meet the service dog's social and emotional needs throughout the dog's life?**  Yes  No

**Do you have the ability, motivation and resources to accept responsibility for using the dog appropriately?**  Yes  No

**Do you have the financial means to travel to Woodstock, Illinois if a face-to-face interview is necessary in the selection process?**  Yes  No

**Do you have the financial means or support to cover the annual costs of veterinary care, flea and tick treatment, heartworm medication, supplies, and other medicine as needed for a dog?**  Yes  No

All participants shall be familiar with, and comply with, the regulations implementing the Americans with Disabilities Act (ADA) for Title II and Title III, dated September 15, 2010 regarding the use of a service dog. ADA guidelines can be found online at www.ada.gov. Failure to do so could result in the loss of your service dog after graduation.

**By signing this application the applicant is granting permission for True Blue Dogs staff to communicate with individuals designated in this application as medical or family.**

**I have disclosed all information to the best of my knowledge. I understand that failure to disclose, or providing a false response, shall be grounds for automatic disqualification from consideration for, or expulsion from, the program.**

Signed: \_\_\_\_\_  
*Applicant* *Date*

*If the applicant is a minor, or under guardianship or conservatorship, or a ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.*

<sup>TM</sup>  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signed: \_\_\_\_\_  
*Parent or Legal Guardian* *Date*

**Please mail the completed application form to:**

True Blue Dogs  
ATTN: Applications  
4509 Dean Street  
Woodstock, IL 60098-7502

### Photography Authorization & Release

I consent to being photographed/videoed by True Blue Dogs, and/or its designee in connection with the training, promotion, marketing and educational endeavors of True Blue Dogs, and/or its designee.

I understand that such photographs/videos may be published in any print, visual or electronic media, including, but not limited to, marketing materials, brochures, pamphlets, videos, website, social media, medical journals and textbooks, for the purpose of informing the medical profession, service dog training profession and/or the general public about service dog training methods for veterans with disabilities.

I understand that the photographs may portray features that will make my identity recognizable.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will not have any effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will automatically expire ten years from the date written below. I understand that I may refuse to sign this authorization and such refusal will have no effect on the services I receive from True Blue Dogs.

I release and discharge True Blue Dogs and all parties acting under their direction and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use in publications, including any claim for payment in connection with distribution, licensing or publication or reprinting of the photographs.

I have read this Authorization and Release and have had an opportunity to consult legal counsel with respect to this. By placing my signature below I fully consent to the terms and conditions contained herein. This consent is a voluntary contribution in the interest of public education and I certify that I have read the above Authorization and Release and fully understand its terms.

Print **Applicant** Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS Print Name: \_\_\_\_\_

WITNESS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail the completed form to:** True Blue Dogs  
ATTN: Applications  
4509 Dean Street  
Woodstock, IL 60098-7502

### Authorization to Disclose Health Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
*patient/applicant* *provider*

to furnish the following medical information to: True Blue Dogs, 4509 Dean Street, Woodstock, IL 60098-7502

**Purpose of Disclosure:** True Blue Dogs trains PTS service dogs to identify early signs and symptoms related to emotional states that are occurring and provide notice to the applicant. Detailed information about symptoms and unwanted behaviors allows for more precise and effective training. In addition to providing highly trained service dogs to applicants suffering from PTS, True Blue Dogs may determine the need to conduct an intensive peer-supported, psychoeducational program that teaches human resilience skills. This program supplements the applicant’s ongoing treatment provided by his/her medical/clinical team. In order for True Blue Dogs to design individualized programming we need detailed information about the applicant’s ongoing treatment programs and his/her responses to that treatment.

Patient’s name:

\_\_\_\_\_

Date of birth:

\_\_\_\_\_

Dates of treatment:

\_\_\_\_\_

Please provide the following information and mail it to True Blue Dogs, ATTN: Applications, 4509 Dean Street, Woodstock, IL 60098-7502:

1. Admitting problem (may include intake summary)
2. Psychiatric, psychological and social histories
3. Physical exam and history
4. Current treatment plan
5. List of all current medications including dosages
6. Progress notes covering the last six months of service
7. Discharge summary (if client has been discharged from your treatment service)
8. Current diagnosis (or diagnosis at discharge)
9. Suicide or other risk assessments
10. Special observation or support needs related to safety or suicide prevention

By initialing below, I specifically authorize the release of my mental health, developmental disabilities, alcohol/ substance abuse and HIV/AIDS information: \_\_\_\_\_  
*patient/applicant*

**I understand that:**

- I have the right to inspect and receive copies of information disclosed.
- I have the right to revoke this consent at any time.  
Revoking this consent shall have no effect on disclosures made before the revocation of consent.
- Any revocation of consent must be submitted in writing to the health care provider and signed by the person who gave the consent.
- If I refuse to consent to this disclosure of information, True Blue Dogs will be unable to enroll me into its program due to lack of medical information.

**I agree that a photocopy of this authorization is as valid as the original.**

Signed: \_\_\_\_\_  
*Patient or Legal Guardian*

Date: \_\_\_\_\_ \*Expires: \_\_\_\_\_

A signed release \*expires in one year unless the person signing the release selects to limit the period to something less than a year. This space is for the person to select how long they want to give permission for their information to be shared.

If signature is not of patient, indicate relationship: \_\_\_\_\_

**Service Dog Program Application Medical Information**  
*completed by treating clinician*  
**Medical or Mental Health Provider Release**

Name of Provider: \_\_\_\_\_

Please release the requested medical information regarding my condition to True Blue Dogs. The information will be used to help the organization determine my eligibility to obtain a service dog.

Patient name (please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical or Mental Health Provider Contact Information**

Provider Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Primary diagnosis/  
Problem you are treating:

\_\_\_\_\_  
Date of diagnosis:

\_\_\_\_\_  
Cause of disability (if known):

\_\_\_\_\_  
Secondary disability/Medical conditions:

\_\_\_\_\_  
How many hours of attendant care does patient receive each week?

Please indicate any special instruction/consideration related to patient’s disability or medical conditions, (for example hyperreflexia management, seizure precautions, etc.).

Please list all current medications and dosage the patient is currently taking, including medical marijuana:

Please rate each of the following using these number descriptions:

0 = non-applicable      1 = mild      2 = moderate      3 = severe

- Motor Impairments**      \_\_\_Weakness    \_\_\_Spasticity    \_\_\_Coordination    \_\_\_Other
- Sensory Impairments**    \_\_\_Vision      \_\_\_Hearing      \_\_\_Loss of Sensation
- Cognitive Impairments**    \_\_\_Attention    \_\_\_Memory      \_\_\_Problem Solving    \_\_\_Judgment
- Communication Impairments**    \_\_\_Comprehension      \_\_\_Expression      \_\_\_Speech

**Psychological/Behavioral Descriptions**

Please rate each of the following using these number descriptions:

0 = non-applicable      1 = mild      2 = moderate      3 = severe

- \_\_\_Depression                      \_\_\_Impaired Self-esteem                      \_\_\_Hopeless/Helplessness
- \_\_\_Appetite Disturbance            \_\_\_Suicidal Ideation                      \_\_\_Isolation/Emotionally Cut Off
- \_\_\_Lack of Empathy                      \_\_\_Hyper-vigilance                      \_\_\_Exaggerated Startle Response
- \_\_\_Anxiety                              \_\_\_Panic Attacks                      \_\_\_Difficulty relating to Family/Friends
- \_\_\_Sleep Disorder                      \_\_\_Nightmares                      \_\_\_Difficulty focusing on one thing
- \_\_\_Insomnia                              \_\_\_Irritability/Anger control Issues                      \_\_\_Flashbacks
- \_\_\_Intrusive Thoughts                      \_\_\_Suicide Attempts      \_\_\_Emotional Numbness/Detachment/Restricted Affect
- \_\_\_Substance abuse (alcohol/drugs): If applicable, please describe in more detail the type and severity.



**If there are other behaviors or habits that are affecting the patient negatively, please explain below.**

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**Is patient currently participating in treatment? If yes, explain the treatment and the patient's response.**

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**Has the patient received treatment in the past? If yes, please explain the nature of the treatment and the patient's response.**

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**Has the patient participated in an in-patient or outpatient mental health program?**

Yes  No    If yes, please explain:

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**Did patient comply with treatment recommendations?**

Yes  No

**History of psychiatric, psychological/behavioral hospitalizations (include dates):**

Date of Admission	Involuntary admit	Hospital (Name and City)	Admitting Problem/ Diagnosis	Discharge Date
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**Additional Medical Conditions**

Cardiovascular disease       Respiratory disease       Diabetes  
 Seizure disorder                       Chronic pain                       Neurogenic bladder  
 Neurogenic bowel                       Other \_\_\_\_\_

**Assistive Devices**  
(Check all that apply)

Manual wheelchair     Power wheelchair/scooter     Walker                       Crutches  
 Cane                       Orthotics                       Prosthesis                       Hearing aid

Please rate (write number on the line in front of the activity) the Functional Independence Measure (FIM) levels for the following motor activities based on this scale:

**No Helper**

- 7. Complete independence (timely, safely)
- 6. Modified independence (device)

**Helper-Modified Independence**

- 5. Supervision
- 4. Minimal assistance (can perform 75% of activity)
- 3. Moderate assistance (can perform 50% of activity)

**Helper-Complete Dependence**

- 2. Maximal assistance (can perform 25% of activity)
- 1. Total assistance (can perform 0% of activity)

**Self-Care**

\_\_\_ Eating    \_\_\_ Grooming    \_\_\_ Bathing    \_\_\_ Dressing-upper body    \_\_\_ Dressing-lower body

**Sphincter Control**

\_\_\_ Bladder management    \_\_\_ Bowel management

**Transfers**

\_\_\_ Chair, Wheelchair    \_\_\_ Toilet    \_\_\_ Tub / Shower

**Locomotion**

\_\_\_ Walk & Wheelchair    \_\_\_ Walk    \_\_\_ Wheelchair    \_\_\_ Stairs

**Would you recommend this individual for a service dog?**

Yes  No

If no, please explain:

**Do you think True Blue Dogs would benefit from a consultation with you to help us facilitate placement of a service dog for this patient?**

Yes  No

If yes, please provide a telephone number or email to initiate consultation.

**Do you think this individual has the ability to care for a dog or implement the help necessary to care for a service dog?**  Yes  No

**Do you think this patient requires special supervision or other supports necessary to prevent him/her from self-harm or from harming others?**  Yes  No  
If yes, please explain.

**Do you believe that this patient has sufficient self-control to deal appropriately with interpersonal conflicts, disappointments and decisions that do not go his/her way?**  Yes  No

**Do you believe this patient would be responsible and compassionate with animals?**  Yes  No

**Is there anything you would like to talk to us personally about concerning this patient?**  
If yes, please provide a telephone number or email to initiate consultation:

**Additional comments/observations:**

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail the completed medical history form to:** True Blue Dogs  
ATTN: Applications  
4509 Dean Street  
Woodstock, IL 60098-7502

### Service Dog Program Application Family Questionnaire

*To be completed by parent, spouse, significant other or other family member that currently lives with or sees the applicant on a weekly basis.*

**All comments and responses are confidential and will not be shared with the applicant. This form is intended for True Blue Dogs' assessment purposes only. Truthful, honest and full disclosure is extremely important to a proper assessment and potential placement of a service dog.**

Name: \_\_\_\_\_

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

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### Applicant's Mental and Emotional Status:

Do you feel the applicant acts in ways that are beyond his/her control? If yes, please explain:  Yes  No  Minimally

Can the applicant learn and follow direction to the degree necessary to take care of a service dog?  Yes  No  Minimally

Is the applicant able to make rational decisions about protecting herself/himself as well as the needs and safety others?  Yes  No  Minimally

Is the veteran capable of making rational decisions?  Yes  No

Does the veteran pose a danger to herself/himself or others? If yes, please explain:  Yes  No

**Applicant’s Mental and Emotional Status – continued:**

Does the applicant exhibit awareness of surroundings?  Yes  No

Is the applicant oriented to time, place and person?  Yes  No

Does the applicant have an appropriate attention span?  Yes  No

Does the applicant n have the ability to relate positively with others?  Yes  No

Can the applicant communicate ideas clearly?  Yes  No

Can the applicant follow, absorb and incorporate step-by-step instructions?  Yes  No

Is the applicant able to form insights, judgments and plan a course of action?  Yes  No

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**Family Questions**

What are the benefits you anticipate the applicant will experience as a result of a service dog?

What are the benefits YOU anticipate experiencing as a result of the applicant obtaining a service dog?

Do you have any concerns about the applicant obtaining a service dog?  Yes  No

If yes, please explain:

Are any members of the applicant's support system allergic to dogs, dog hair or dander?

Yes  No

Would you like clarification or need to speak to us for additional information?

Yes  No

Best method to contact you:

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

*Thank you for taking the time to complete this questionnaire. If the applicant is accepted, we look forward to working with you as a helpful contributor to their recovery.*

**Please mail the completed questionnaire to:**

True Blue Dogs  
ATTN: Applications  
4509 Dean Street  
Woodstock, IL 60098-7502