Applications will be accepted only via U.S. mail to 407 Beltline Rd. #352, Collinsville, IL 62234. Applications WILL NOT be accepted via email for privacy reasons.

Application Checklist

To be eligible to enter Got Your Six’s service dog program you must be a veteran or first responder:

- Whose injuries took place during military service (stateside or deployed) or during service as a first responder (Police, Fire, or EMS)
- In treatment with a licensed therapist (preferred) or currently enrolled with the V.A.
- Willing to submit to a criminal background check
- Committed to taking the steps necessary to take charge of your life and future

- [ ] APPLICATION INFORMATION  pages 3-9
- [ ] PHOTOGRAPHY AUTHORIZATION AND RELEASE  page 10
  Complete pages 3-10, sign and return to Got Your Six Support Dogs by U.S. Mail. Applications will not be accepted by email for privacy reasons.

- [ ] DD214
  Please request a certified copy of your DD Form 214 from www.archives.gov/veterans/military-service-records and have it mailed directly to Got Your Six Support Dogs.

- [ ] AUTHORIZATION TO DISCLOSE HEALTH INFORMATION AND 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 and Medical Information) to your Provider(s) to complete

- [ ] FAMILY QUESTIONNAIRE  pages 19-20
  Have a family member complete, sign and mail directly to Got Your Six Support Dogs.
Applications will be accepted only via U.S. mail to 407 Beltline Rd. #352, Collinsville, IL 62234. Applications WILL NOT be accepted via email for privacy reasons.
Application Process

1. Please type or print clearly with blue or black ink only.
2. Complete Veteran Applicant Information (pages 3-10) of the application. Review and sign the Photography Authorization and Release (page 11). Mail both forms to:
   
   Got Your Six Support Dogs  
   ATTN: Applications  
   407 Beltline Rd. #352  
   Collinsville, IL 62234

3. Request a certified copy of the veteran’s DD 214 and have it mailed directly to Got Your Six Support Dogs. The website to request the veteran’s DD 214 is www.archives.gov/veterans/military-service-records.

4. Complete and sign the Authorization to Disclose Health Information (page 11-12). Provide the original to the veteran’s medical professional(s) and send a signed copy with the veteran’s completed application to the address listed in #2 above.

5. 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 veteran’s medical provider(s).

6. Medical Information (pages 13-18) is to be completed by the veteran’s Medical or Mental Health Provider(s). Please have the Provider(s) office send the Medical Information directly to Got Your Six Support Dogs at the address listed in #2 above. If the veteran has multiple medical or mental health providers, have each one complete a form.

7. Family Questionnaire (pages 19-20) is to be completed by a parent, spouse, significant other or family member currently living with the veteran. If the veteran lives alone, have the document completed by one of those qualified that see the veteran 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 Got Your Six Support Dogs at the address listed in #2 above.

8. 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 veteran, their medical professional or their family member. Once the application is complete it must 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 veteran will be notified by a representative of Got Your Six Support Dogs as to the status of the application (put into the queue, deferred, etc.).

9. When Got Your Six Support Dogs is starting to pull a veteran/service dog pairing class together, the application will be reviewed by the Selection Committee. A representative of Got Your Six Support Dogs will contact the veteran to clarify any committee issues, answer any questions about the program and discuss the next steps in the application process.

10. Once a service dog is matched to the veteran, the veteran must be able to travel to Illinois and attend the entire training session required by Got Your Six Support Dogs. If an applicant is unable or unwilling to attend the entire training session, they will not receive a service dog. If Got Your Six Support Dogs trains a service dog for a veteran and the veteran leaves the training session early, the service dog will remain at Got Your Six Support Dogs. In this case, the veteran may be required to reimburse Got Your Six Support Dogs for all costs incurred in training the service dog as well as travel, room and board expenses incurred for the veteran.

11. Do not assume that answering a question in a particular way will automatically disqualify the veteran from the program. We are not looking for the “right” answer. We want honest answers. This will assist us in helping the veteran.

12. Questions regarding this process may be emailed to: Nicole.lanahan@gotyoursixsupportdogs.com. No confidential information should be sent via email. Send us a note, including phone number, state that there are questions about the application process and we will call the veteran.
Service Dog Program Application
Applicant Information

Please note: Application must be completed by the veteran or answered under the direction of the veteran. If completed by someone other than the veteran, on a separate piece of paper, please identify the person completing the application and explain why the veteran is unable to complete the application on their own.

**General Information**

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Home phone:</td>
<td>Cell:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Date of Birth:**

<table>
<thead>
<tr>
<th>Height:</th>
<th>Weight:</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

**Marital Status:**  
- Single  
- Married  
- Separated  
- Divorced  
- Other:    

<table>
<thead>
<tr>
<th>Place of Employment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Work phone:</td>
</tr>
</tbody>
</table>

**Highest Level of Education Completed:**

<table>
<thead>
<tr>
<th>Last School Attended or Attending:</th>
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<tbody>
<tr>
<td>City:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergency Contact Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Home phone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>
VETERAN

Military Information

What is your military status? □ Veteran □ Active Duty □ National Guard/Reserve
Branch of service: Dates of service:
Rank at discharge: Type of discharge:
Honorable? □ Yes □ No
Where did you serve?

Housing Information

With whom do you live? □ Alone □ Parent(s) □ Spouse/Significant Other
(check all that apply) □ Attendant □ 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 □ No
If yes, what kind and how many?

________________________________________
________________________________________

Civil/Criminal Charges

Have you ever had, or do you have, pending criminal charges? □ Yes □ No
If yes, please explain (list dates):

Have you served, or are you currently serving, parole or probation? □ Yes □ No
If yes, please explain (list dates):

Applications will be accepted only via U.S. mail to 407 Beltline Rd. #352, Collinsville, IL 62234.
Applications WILL NOT be accepted via email for privacy reasons.
Have you ever been charged with driving under the influence?  □ Yes  □ No
If yes, please explain (list dates):

Have you ever been charged with domestic violence?  □ Yes  □ No
If yes, please explain (list dates):

Have you ever been charged with animal cruelty?  □ Yes  □ No
If yes, please explain (list dates):

Owning A Dog

Have you ever owned an animal, specifically a dog?  □ Yes  □ No
If yes, please explain (list dates):

Do you reside with, or visit children regularly or do children regularly visit you?
□ Yes  □ No
How frequently?  □ Daily  □ Weekly  □ Monthly  □ Other
How many?
What are their ages?

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

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

Define your need for a service dog. (Be specific)
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
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you able to feel and express joy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When challenged, do you feel able to stand your ground?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you willing to learn new concepts, even if they are contrary to your current beliefs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able and willing to assume full responsibility for your behavior?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to control your emotions? Can you recognize when you are emotionally overwhelmed and take positive steps to gain control?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you an emotionally sensitive person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you willing to accept constructive criticism?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you able to laugh at yourself?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Applications will be accepted only via U.S. mail to 407 Beltline Rd. #352, Collinsville, IL 62234. Applications WILL NOT be accepted via email for privacy reasons.

Are you sensitive to being embarrassed? □ Yes □ No

Are you a shy person? □ Yes □ No

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

How committed are you to change your life and fully participate in what Got Your Six Support Dogs has to offer you? 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 Maryville, IL 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 veterinarian 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](http://www.ada.gov). Failure to do so could result in the loss of your service dog after graduation.

By signing this application, the veteran is granting permission for Got Your Six Support 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 false response, shall be grounds for automatic disqualification from consideration for, or expulsion from, the program.

Signed: ________________________________  ________________________________

(Applicant Signature)  (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.

Name: ________________________________
Address: ________________________________
City: __________________ State: __________________ Zip: __________________
Home Phone: __________________ Cell: __________________
Email: __________________
Relationship: __________________

Signed: ________________________________  ________________________________

Parent or Legal Guardian Signature  Date

Please mail the completed application form to:

Got Your Six Support Dogs
ATTN: Applications
407 Beltline Rd. #352
Collinsville, IL 62234
PHOTOGRAPHY AUTHORIZATION AND RELEASE

I consent to being photographed/videoed by Got Your Six Support Dogs, and/or its designee in connection with the training, promotion, marketing and educational endeavors of Got Your Six Support 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 which 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 Got Your Six Support Dogs.

I release and discharge Got Your Six Support 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 Name: ________________________________

Signature: ________________________________ Date: ________________________________

Witness Print Name: ________________________________

Witness Signature: ________________________________ Date: ________________________________

Mail the completed form to:
Got Your Six Support Dogs
ATTN: Applications
407 Beltline Rd. #352
Collinsville, IL 62234

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 Name: ________________________________

Signature: ________________________________ Date: ________________________________

Witness Print Name: ________________________________

Witness Signature: ________________________________ Date: ________________________________

Applications will be accepted only via U.S. mail to 407 Beltline Rd. #352, Collinsville, IL 62234. Applications WILL NOT be accepted via email for privacy reasons.
Authorization To Disclose Health Information

I, _______________________________, hereby authorize ______________________________ to furnish the following medical information to: Got Your Six Support Dogs, 407 Beltline Rd. #352, Collinsville, IL 62234.

Purpose of Disclosure: Got Your Six Support Dogs trains PTSD service dogs to identify early signs and symptoms related to emotional states that are occurring and provide notice to the veteran. Detailed information about symptoms and unwanted behaviors allows for more precise and effective training. In order to provide highly trained service dogs to veterans suffering from PTSD, Got Your Six Support Dogs requires all applicants actively participate in therapy and/or counseling. In order for Got Your Six Support Dogs to provide specialized dogs, we need detailed information about the veteran’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 Got Your Six Support Dogs, ATTN: Applications, 407 Beltline Rd. #352, Collinsville, IL 62234:

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

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

__________________________
(veteran’s initials)

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, Got Your Six Support 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 Got Your Six Support Dogs. This 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 the 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, including medical marijuana, the patient is currently taking:

Please rate each of the following using these number descriptions:
0 = not applicable 1= mild 2 = moderate 3 = severe

<table>
<thead>
<tr>
<th>Motor Impairments</th>
<th>Sensory Impairments</th>
<th>Cognitive Impairments</th>
<th>Communication Impairments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weakness</td>
<td>Vision</td>
<td>Attention</td>
<td>Comprehension</td>
</tr>
<tr>
<td>Spasticity</td>
<td>Hearing</td>
<td>Memory</td>
<td>Expression</td>
</tr>
<tr>
<td>Coordination</td>
<td>Loss of Sensation</td>
<td>Problem Solving</td>
<td>Speech</td>
</tr>
<tr>
<td>Other</td>
<td>Judgement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Psychological/Behavioral Descriptions
Please rate each of the following using these number descriptions:
0 = not applicable 1= mild 2 = moderate 3 = severe

<table>
<thead>
<tr>
<th>Depression</th>
<th>Impaired self-esteem</th>
<th>Hopeless/Helplessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appetite disturbance</td>
<td>Suicidal ideation</td>
<td>Isolation/Emotionally cut off</td>
</tr>
<tr>
<td>Lack of empathy</td>
<td>Hyper-vigilance</td>
<td>Exaggerated startle response</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Panic attacks</td>
<td>Difficulty relating to family/friends</td>
</tr>
<tr>
<td>Sleep disorder</td>
<td>Nightmares</td>
<td>Flashbacks</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Irrability/Anger control issues</td>
<td>Emotional numbness /detachment/restricted affect</td>
</tr>
<tr>
<td>Intrusive thoughts</td>
<td>Suicide attempts</td>
<td>Difficulty focusing on one thing</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Is the patient currently participating in treatment?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, explain the treatment and the patient’s response.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the patient received treatment in the past?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please explain the nature of the treatment and the patient’s response.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the patient participated in an in-patient or out-patient mental health program?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please explain:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Did patient comply with treatment recommendations?</th>
<th>□ Yes □ No</th>
</tr>
</thead>
</table>

Applications will be accepted only via U.S. mail to 407 Beltline Rd. #352, Collinsville, IL 62234.
Applications WILL NOT be accepted via email for privacy reasons.
History of psychiatric, psychological/behavioral hospitalizations (include dates):

<table>
<thead>
<tr>
<th>Date of Admission</th>
<th>Involuntary Admit</th>
<th>Hospital (name &amp; city)</th>
<th>Admission Pattern/Diagnosis</th>
<th>Discharge Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ YES</td>
<td>□ NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ YES</td>
<td>□ NO</td>
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<tr>
<td>□ YES</td>
<td>□ NO</td>
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<td>□ YES</td>
<td>□ NO</td>
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<td>□ YES</td>
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<td>□ YES</td>
<td>□ NO</td>
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<tr>
<td>□ YES</td>
<td>□ NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Medical Conditions
(check all that apply)

- □ Cardiovascular disease
- □ Seizure disorder
- □ Neurogenic bowel
- □ Respiratory disease
- □ Chronic pain
- □ Other ________________________________
- □ Diabetes
- □ Neurogenic bladder

Assistive Devices
(check all that apply)

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

Applications will be accepted only via U.S. mail to 407 Beltline Rd. #352, Collinsville, IL 62234. Applications WILL NOT be accepted via email for privacy reasons.
Please rate (write number next to activity) the Functional Independence Measure (FIM) levels for the following motor activities based on this scale:

<table>
<thead>
<tr>
<th>NO HELPER</th>
<th>HELPER-MODIFIED INDEPENDENCE</th>
<th>HELPER-COMPLETE DEPENDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Complete independence (timely, safely)</td>
<td>5. Supervision</td>
<td>2. Maximal assistance (perform 25% of activity)</td>
</tr>
<tr>
<td>6. Modified independence (use of device)</td>
<td>4. Minimal assistance (perform 75% of activity)</td>
<td>1. Total assistance (perform 0% of activity)</td>
</tr>
<tr>
<td>3. Moderate assistance (perform 50% of activity)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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
- [ ] Wheelchair
- [ ] Stairs
- [ ] Walk

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

☐ Yes  ☐ No

If no, please explain.

**Do you think Got Your Six Support Dogs will 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 phone 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 will be responsible and compassionate with animals? □ Yes □ No

Is there anything you would like to talk to us personally about concerning this patient? □ Yes □ No
If yes, please provide a phone number or email to initiate consultation.

Additional comments/observations:

Provider signature: ___________________________ Date: ____________________

Please mail the completed medical history form to:

Got Your Six Support Dogs
ATTN: Applications
407 Beltline Rd. #352
Collinsville, IL 62234

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Service Dog Program Application Family Questionnaire
(Completed by parent, spouse, significant other or other family member that currently lives with or sees the applicant on a weekly basis.)

All comments are confidential and will not be shared with the veteran. This form is intended for Got Your Six Support Dog’s assessment purposes only. Truthful, honest and full disclosure is extremely important to a proper assessment and potential placement of a service dog.

Name:

Applicant Name:

Relationship to Veteran:

Address:

City: State: Zip:

Home Phone: Fax:

Email:

Veteran’s Mental and Emotional Status

Do you feel the veteran acts in ways that are beyond his/her control? If yes, please explain.

☐ Yes ☐ No ☐ Minimally

Can the veteran learn and follow direction to the degree necessary to take care of a service dog?

☐ Yes ☐ No ☐ Minimally

Is the veteran able to make rational decisions about protecting himself/herself as well as the needs and safety of others?

☐ Yes ☐ No ☐ Minimally

Is the veteran’s disability affected by drug or alcohol use or abuse?

☐ Yes ☐ No

Is the veteran capable of making rational decisions?

☐ Yes ☐ No

Does the veteran exhibit awareness of surroundings?

☐ Yes ☐ No
FAMILY

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

Does the veteran pose a danger to himself/herself or others? □ Yes □ No

If yes, please explain.

Does the veteran have an appropriate attention span? □ Yes □ No

Does the veteran have the ability to relate positively with others? □ Yes □ No

Can the veteran communicate ideas clearly? □ Yes □ No

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

Is the veteran able to form insights, judgements, and plan a course of action? □ Yes □ No

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

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

Do you have concerns about the veteran obtaining a service dog? □ Yes □ No

If yes, please explain.

Are any members of the veteran’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 the questionnaire.

If the veteran is accepted, we look forward to working with you as a helpful contributor to their recovery.

Mail the completed form to:
Got Your Six Support Dogs
ATTN: Applications
407 Beltline Rd. #352
Collinsville, IL 62234

Applications will be accepted only via U.S. mail to 407 Beltline Rd. #352, Collinsville, IL 62234.
Applications WILL NOT be accepted via email for privacy reasons.