



## 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
- AUTHORIZATION TO DISCLOSE HEALTH INFORMATION PAGES 111-12  
*Complete Authorization to Disclose Health Information form on pages 11-12.  
Please initial, sign and date on page 13.*
- MEDICAL INFORMATION PAGES 13-19  
*Send pages 12-19 to your Provider(s) to complete.  
\*Please send a completed copy of the Authorization form to your provider.*
- FAMILY/SPONSOR QUESTIONNAIRE PAGES 20-21

### **DOCUMENTATION TO SUBMIT:**

- PAYCHECK STUB OR TAX RETURN  
*Please submit your most recent paystub or tax return directly to Got Your Six Support Dogs with your application submission.*
- PROOF OF STABLE HOUSING FOR 6+ CONSECUTIVE MONTHS  
*Please submit 6 months of a utility bill. Please note the applicant must be listed on the utility bill.*

**All inquiries and questions regarding the application and the application process should be submitted via email to [amanda@gyssd.org](mailto:amanda@gyssd.org).**

**NO PHONE CALLS PLEASE!**

# FIRST RESPONDER

## Application Process

1. Please type or print clearly with blue or black ink only.
2. Complete First Responder Applicant Information (pages 3-910) of the application. Review and sign the Photography Authorization and Release (page 10). Mail both forms to:

*Got Your Six Support Dogs  
ATTN: Applications  
6 Schiber Ct  
Maryville, IL 62062*

3. Complete and sign the Authorization to Disclose Health Information (page 11-12). Provide the original to the first responder's medical professional(s) and send a signed copy with the first responder's completed application to the address listed in #2 above.
4. Fill in the information requested on the top portion of page 11, initial the bottom of page 11 and sign page 12 prior to giving to the first responder's medical provider(s).
5. Medical Information (pages 13-19) is to be completed by the first responder'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 first responder has multiple medical or mental health providers, have each one complete a form.
6. Family Questionnaire (pages 20-21) is to be completed by a parent, spouse, significant other, family member currently living with the first responder, or roommate living with the first responder. If the first responder lives alone, have the document completed by one of those qualified that see the first responder on at least a weekly basis. Please have the parent, spouse, significant other, family member or roommate send the Family Questionnaire portion of the application directly to Got Your Six Support Dogs at the address listed in #2 above.
7. 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 first responder, their medical professional, or their family member/sponsor. 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 first responder 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.).
8. When Got Your Six Support Dogs is starting to pull a first responder/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 first responder to clarify any committee issues, answer any questions about the program and discuss the next steps in the application process.
9. Once a service dog is matched to the first responder, the first responder 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 first responder and the first responder leaves the training session early, the service dog will remain at Got Your Six Support Dogs. In this case, the first responder 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 first responder.
10. Do not assume that answering a question in a particular way will automatically disqualify the first responder from the program. We are not looking for the "right" answer. We want honest answers. This will assist us in helping the first responder.
11. Questions regarding this process may be emailed to: [amanda@gyssd.org](mailto:amanda@gyssd.org). Send us an email, including phone number, questions regarding the application or application process, and we will respond. *No confidential information should be sent via email.* **\*NO PHONE CALLS PLEASE\***

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Applications will be accepted only via U.S. mail.  
MAIL TO: 6 Schiber Ct, Maryville, IL 62062.  
Applications WILL NOT be accepted via email for privacy reasons.

# FIRST RESPONDER

## Service Dog Program Application Applicant Information

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

### General Information

Name:

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Address:

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City:

State:

Zip:

---

Home phone:

Cell:

Fax:

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Email:

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---

Date of Birth:

---

Height:

Weight:

Gender:  Male  Female

---

Marital Status:  Single  Married  Separated  Divorced  Other:

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---

Place of Employment:

---

Address:

---

City:

State:

Zip:

---

Work phone:

Fax:

---

---

Highest Level of Education Completed:

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Last School Attended or Attending:

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City:

State:

Zip:

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---

Emergency Contact Name:

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Relationship:

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City:

State:

Zip:

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Home phone:

Cell:

Fax:

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Email:

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# FIRST RESPONDER

## Employment Information

Previous Employment?  Police  Fire  EMS

Start of Employment: \_\_\_\_\_ End of Employment/Current: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Where Did you Work? \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

## 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): \_\_\_\_\_

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# FIRST RESPONDER

**Have you ever been charged with driving under the influence?**

Yes  No

If yes, please explain (list dates):

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**Have you ever been charged with domestic violence?**

Yes  No

If yes, please explain (list dates):

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**Have you ever been charged with animal cruelty?**

Yes  No

If yes, please explain (list dates):

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- By checking this box, I agree and authorize Got Your Six Support Dogs to conduct a criminal background check.
  - I confirm that I have never been convicted, or found not guilty by reason of insanity, in a civilian or military jurisdiction of any violent or substance abuse-related criminal offense.
  - I confirm that I have never been convicted of any felony that resulted in incarceration longer than sixty days.
- 

## 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:

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# FIRST RESPONDER

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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. (Be specific)

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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.**

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

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

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Are you able to react calmly in a crisis?  Yes  No  
If yes, how (in what way)?

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Are you able to feel and express fear?  Yes  No  
If yes, how (in what way)?

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Are you able to feel and express sorrow?  Yes  No  
If yes, how (in what way)?

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Are you able to feel and express love?  Yes  No  
If yes, how (in what way)?

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# FIRST RESPONDER

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**Are you able to feel and express anger?**  Yes  No  
If yes, how (in what way)?

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**Are you able to feel and express joy?**  Yes  No  
If yes, how (in what way)?

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

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**Are you willing to learn new concepts, even if they are contrary to your current beliefs?**  Yes  No

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

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**Are you able to control your emotions? Can you recognized when you are emotionally overwhelmed and take positive steps to gain control?**  Yes  No

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**Are you an emotionally sensitive person?**  Yes  No

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**How do you handle feedback from others?**

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**What is your experience of receiving constructive criticism?**

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**Are you able to laugh at yourself?**  Yes  No

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**Are you sensitive to being embarrassed?**  Yes  No

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**Are you a shy person?**  Yes  No

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**Do you feel like you understand how others feel? Or do you struggle to understand others and/or have a hard time relating?**  Yes  No

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# FIRST RESPONDER

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**How committed are you to change your life and fully participate in what Got Your Six Support Dogs has to offer you? Please explain.**  Yes  No

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**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

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

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

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**Do you have the financial means to travel to Maryville, IL for the 2-week placement program?**  Yes  No

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

*The AKC estimates the cost of a dog is approximately \$3,000 per year*



# FIRST RESPONDER

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:**

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# Photo Release

## 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.

**Mail the completed form to:**

Got Your Six Support Dogs  
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Maryville, IL 62062

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

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

**Witness Print Name:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# MEDICAL

## Authorization To Disclose Health Information

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(patient/applicant) (provider)

to furnish the following medical information to: *Got Your Six Support Dogs, 6 Schiber Ct, Maryville, IL 62062.* . I further agree to allow *Got Your Six Support dogs* to communicate directly with my provider or treatment team.

**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, 6 Schiber Ct, Maryville IL 62062:*

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:

\_\_\_\_\_  
(veteran's initials)

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# MEDICAL

**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:** \_\_\_\_\_

# MEDICAL

## 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:** \_\_\_\_\_

**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.)**

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# MEDICAL

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

Motor Impairments		Sensory Impairments		Cognitive Impairments		Communication Impairments	
	Weakness		Vision		Attention		Comprehension
	Spasticity		Hearing		Memory		Expression
	Coordination		Loss of Sensation		Problem Solving		Speech
	Other				Judgement		

## Psychological/Behavioral Descriptions

Please rate each of the following using these number descriptions:

0 = not 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		Flashbacks
	Insomnia		Irrability/Anger control issues		Emotional numbness /detachment/restricted affect
	Sexual Abuse – Childhood		Sexual Abuse – Service Related		Physical Abuse
	Intrusive thoughts		Suicide attempts		Difficulty focusing on one thing

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# MEDICAL

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.

---

**Is the patient currently participating in treatment? Please choose frequency below.**

If yes, explain the type of treatment, indicate frequency of visits below, and explain patient's response.

- Weekly
- Bi-Weekly
- Monthly
- Other \_\_\_\_\_

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**Are there additional symptoms that result from other personal (non service related) experiences?**

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**What are treatment goals? What is prognosis?**

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# MEDICAL

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**Has the patient received treatment in the past?**

If yes, please explain the nature of the treatment, frequency of visits, and the patient's response.

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**Has the patient participated in an in-patient or out-patient mental health program?**  Yes  No

If yes, please explain:

---

**Did patient comply with treatment recommendations?**  Yes  No

Date of Admission	Involuntary Admit	Hospital (name & city)	Admission Pattern/Diagnosis	Discharge Date
	<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"/> YES <input type="checkbox"/> NO			

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# MEDICAL

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Diabetes           |
| <input type="checkbox"/> Seizure disorder       | <input type="checkbox"/> Chronic pain        | <input type="checkbox"/> Neurogenic bladder |
| <input type="checkbox"/> Neurogenic bowel       | <input type="checkbox"/> Other _____         |   |

## Assistive Devices

(check all that apply)

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Power wheelchair/scooter | <input type="checkbox"/> Prosthesis  |
| <input type="checkbox"/> Cane              | <input type="checkbox"/> Orthotics                | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Walker            | <input type="checkbox"/> Crutches                 |                                      |

Please rate (write number next to activity) the Functional Independence Measure (FIM) levels for the following motor activities based on this scale:

**NO HELPER**

**HELPER-MODIFIED  
INDEPENDENCE**

**HELPER-COMPLETE  
DEPENDENCE**

## Additional Medical Conditions

(check all that apply)

- |   |  |   |
|---|--|---|
| <b>7.</b> Complete independence<br>(timely, safely) | <b>5.</b> Supervision                                      | <b>2.</b> Maximal assistance<br>(perform 25% of activity) |
| <b>6.</b> Modified independence<br>(use of device)  | <b>4.</b> Minimal assistance<br>(perform 75% of activity)  | <b>1.</b> Total assistance<br>(perform 0% of activity)    |
|   | <b>3.</b> Moderate assistance<br>(perform 50% of activity) |   |

### SELF-CARE

- |                            |                            |              |
|----------------------------|----------------------------|--------------|
| ____ Eating                | ____ Grooming              | ____ Bathing |
| ____ Dressing (lower body) | ____ Dressing (upper body) |              |

### SPHINCTER CONTROL

- |                         |                       |
|-------------------------|-----------------------|
| ____ Bladder Management | ____ Bowel Management |
|-------------------------|-----------------------|

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# MEDICAL

## TRANSFERS

\_\_\_ Chair/Wheelchair

\_\_\_ Toilet

\_\_\_ Tub/Shower

## LOCOMOTION

\_\_\_ Walk & Wheelchair

\_\_\_ Wheelchair

\_\_\_ Stairs

\_\_\_ Walk

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**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

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**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? If yes, please explain.**

Yes  No

---

**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

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# MEDICAL

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

Yes  No

---

Additional comments/observations:

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

**Please mail the completed medical history form to:**

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*ATTN: Applications*

*6 Schiber Ct*

*Maryville, IL 62062*

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# FAMILY/SPONSOR

## 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:

Email:

### First Responder's Mental and Emotional Status

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

Yes  No  
 Minimally

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

Yes  No  
 Minimally

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

Yes  No  
 Minimally

Is the first responder's disability affected by drug or alcohol use or abuse?

Yes  No

Is the first responder capable of making rational decisions?

Yes  No

Is the first responder oriented to time, place, and person?

Yes  No

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# FAMILY/SPONSOR

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Does the first responder pose a danger to himself/herself or others? *If yes, please explain.*  Yes  No

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Does the first responder have an appropriate attention span?  Yes  No

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Does the first responder have the ability to relate positively with others?  Yes  No

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Can the first responder communicate ideas clearly?  Yes  No

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

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

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

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What are areas of concern that the first responder displays that may benefit from having a service dog?

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

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Do you have any concerns about the first responder obtaining a service dog?  Yes  No  
*If yes, please explain*

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Are any members of the first responder's support system allergic to dogs, dog hair or dander?  Yes  No

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Would you like clarification or need to speak to us for additional information?  Yes  No

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**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.

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Applications will be accepted only via U.S. mail.  
MAIL TO: 6 Schiber Ct, Maryville, IL 62062.  
Applications WILL NOT be accepted via email for privacy reasons.