

# Veterans Assistance Dogs of Texas

## Service Dog Application



**Note: We perform a background check on all applicants.**

### The Application Process

When your application is **Totally Filled Out** and you have attached copies of your **DD-214, VA Compensation letter and your driver's license**, mail it to: VA Dogs, 317 Sidney Baker St. Suite 400 DMP#338 Kerrville, TX 78028. Optionally, you may scan and email as in PDF format to [sarah.kocurek@vadogs.org](mailto:sarah.kocurek@vadogs.org) If you have questions about the application, phone our office 830-353-9197.

Please use the checklist below to ensure **ALL** required items are completed.  
Make yourself a copy of the entire application to keep for your records.

#### Application Checklist

- Personal Information - complete pages 3 thru 7 and sign
- Media Release & References - complete page 8 and sign
- Acknowledgement & HIPAA release- complete pages 9 & 10 and sign
- Background Check Disclosures – complete and sign Page 11
- Attach copy of DD-214
- Attach copy of Veteran Affairs compensation letter
- Attach copy of driver's license (if no license, then another current Photo ID)

1. VA Dogs will only review complete applications that include all the above requirements. We will contact you to acknowledge your application within two weeks of receipt. If your situation changes and you need to update information on your application, call us.
2. Before you can be fully approved to receiving a service dog; an **in-home visit** must be completed. This involves a VA Dogs representative physically visiting the applicant's home to meet with the applicant and any other individuals and/or animals that reside together. The visit generally lasts anywhere from 1-2 hours and will be scheduled at the availability of VA Dogs and the applicant. Home visits for Veterans living more than 60 miles from our office may be conducted via Zoom, Duo or Facetime.

It is the policy of VA Dogs that if a service dog is to be placed in a home where more than one pet is present, **we reserve the right to deny placement.**

***Because of our policy, we encourage you to also apply with other agencies.***

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3. Once you move on our waiting list to where a dog is identified and trained for you, you will be required to travel to Kerrville, Texas for four consecutive weekends for orientation with the service dog. VA Dogs provides housing on our campus or at a local hotel at no cost to the veteran.

**PLEASE PRINT LEGIBLY**

Today's Date: \_\_\_\_\_

Please tell us how you heard about VA Dogs of Texas that led you to contact us. Check as many as apply.

Our Brochure:  Newspaper:  Television:  Veterans Administration:   
Internet:  Doctor / Therapist:  Other:  \_\_\_\_\_

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M F Weight: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

I am applying for a:  PTSD Dog  Mobility Assistance Dog

Texas Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Service Branch: \_\_\_\_\_ Term of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ VA Disability % \_\_\_\_\_

*Please note, branch of service, term of service, and rank are for informational purposes only and **are not** factors used to determine eligibility for a VA Dogs service dog.*

### Demographics

Nearest Relative/Caregiver: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Veteran Status

Date of Service-Connected Disability: \_\_\_\_\_

Do you have a Veteran Service Officer?  No  Yes County \_\_\_\_\_

### Equipment Required *(Please check all that apply)*

Wheelchair – Manual:  Power:  Both:  Hearing Aid:  Crutches:  Cane:

Walker:  Prosthesis:  Wrist Brace:  Leg Brace:  3-Wheel Electric Scooter:  None:

Other: *(Specify)* \_\_\_\_\_

Define Your Disability (please be as specific as you can):

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Cause of Disability (please be as specific as you can):

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What disability symptoms do you want a service dog help you overcome? (please be as specific as you can)

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### PTSD/ MST Symptom Checklist

Please check all that apply:  I am applying for a mobility dog / this part doesn't apply

- Have nightmares, vivid memories or flashbacks
- Feel emotionally cut off from others
- Feeling numb or losing interest in things you used to care about
- Becoming depressed
- Think you are always in danger
- Feel anxious, jittery or irritated
- Experience a sense of panic that something bad is going to happen
- Have difficulty sleeping
- Trouble staying focused on one thing
- Have a hard time relating to, or getting along with spouse, family or friends
- Substance abuse
- Work all the time to occupy your mind
- Pulling away from people and becoming isolated
- No PTSD symptoms present

If there are other behaviors that are affecting you negatively, please explain below:

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### Strength Assessment

Rate your physical strength on a scale of 1 to 10 where 1= Least and 10 =Most.  
Example, if you have severe difficulty grasping a tennis ball, please put 1. If no difficulty put 10.

Right Hand: \_\_\_\_\_ Left Hand: \_\_\_\_\_ Right Arm: \_\_\_\_\_ Left Arm: \_\_\_\_\_  
Right Leg: \_\_\_\_\_ Left Leg: \_\_\_\_\_ Upper Body: \_\_\_\_\_

### Home Environment

Please provide the names and ages of people living in the home and/or taking care of you on a daily basis.

Name:	Relationship:	Age:
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____

# Of Pets: \_\_\_\_\_ Type and breed: \_\_\_\_\_  
\_\_\_\_\_

Yes  No Do you have a fenced Back Yard?

If NO fenced yard, please explain location for exercise: \_\_\_\_\_  
\_\_\_\_\_

How many hours in a week do you work or volunteer? \_\_\_\_\_

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By my signature below I agree to maintain a current address, phone number and email address on file with VA Dogs

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

### Personal References (List three who are not related to you. Fill in ALL blanks)

1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Media Release Statement

VA Dogs periodically uses electronic and traditional media (i.e. photographs, video, audio, testimonials) for publicity and educational purposes. By my signature on this form, I give permission to VA Dogs and its designees to use such reproductions for educational and publicity purposes in perpetuity without further consideration for me.

I understand that this release can be revoked in writing to notify VA Dogs, however any prior media releases will not be affected, only discontinuance of any in the future.

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

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### Veteran / VA Dogs Agreement

Veteran Assistance Dogs of Texas is a non-profit organization and relies on donations in order to locate, train and place our service dogs. It takes time and effort to train a service dog at a cost in excess of \$24,000; consequently, VA Dogs must have the best interest of the service dog in mind when placing that service dog with an applicant.

**Therefore, VA Dogs reserves the right to deny an applicant, at any stage of the process, from acquiring a VA Dogs Service Dog. We also reserve the right to remove a placed dog from a recipient if it is deemed in the best interest of the Service Dog.**

Additionally, if the recipient should pass away within the first three years of the service dog's placement, the family, at their option, may return the Service Dog to VA Dogs for potential reassignment.

While VA Dogs does not anticipate any of the above-mentioned problems, we must inform all applicants of these possibilities.

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

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

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

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

### Personal Healthcare Information (PHI) Privacy

VA Dogs is fully committed to compliance with HIPAA guidelines, located at [www.HHS.gov](http://www.HHS.gov) by:

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

If you have any questions or concerns regarding your PHI please bring them to our attention.

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### HIPAA Authorization for Release of Information

#### Applicant Authorization for Use and Disclosure of Protected Health Information

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

This authorization permits **VA Dogs** to use and/or disclose the following individually identifiable health information about me: (Please Check **Only One**)

Any and all personal health information relevant to relationship between applicant and VA Dogs

Limited release of information. (I allow only release of information described below):

_____	_____
_____	_____
_____	_____

I have elected to opt out of the release of my personal health information.

The information listed above may be used or disclosed for, but not limited to, the following purpose(s), unless applicant has elected to opt out of releasing personal health information:

**Media publications, marketing promotions, determination of eligibility, customized training, service dog placement, grant writing, and fundraising purposes.**

I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to: **VA Dogs, 317 Sidney Baker St. Suite 400 DMP#338 Kerrville, TX 78028**

I acknowledge receipt and understanding of this HIPAA Authorization for Release of Information Form.

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

Name Printed \_\_\_\_\_



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### DISCLOSURES REQUIRED BY THE FAIR CREDIT REPORTING ACT

Veterans Assistance Dogs of Texas (“VA DOGS”) obtains a background check on all Veteran applicants for Service Dogs, and every member of their household 18 years of age or older. This process includes information as to the applicant’s character, reputation, personal characteristics, mode of living, financial responsibility, criminal record, etc. **We do not perform credit checks.**

The Veteran applicant has the right to request in writing, within a reasonable time, a disclosure of the nature and scope of the investigation requested. The disclosure will then be returned to the Veteran applicant within five days business days of the receipt of the written request by VA DOGS.

The Veteran applicant has the right to request additional disclosures in writing, such as what information in your file has been used to your detriment. And if you make such a further written request, responsive disclosures will be provided to you.

I have read and understand the above.

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

Name Printed \_\_\_\_\_