



APPLICATION FOR CHILD SERVICE DOG

Please read this information carefully prior to submitting the application.

Eligibility Requirements

- Applicant is between the ages of 5 and 17.
- Diagnosis from a medical provider or psychologist/psychiatrist that states the client would benefit from having a service animal. These diagnoses include but are not limited to: autism, diabetes, seizure disorders, any condition involving mobility problems, ADHD, etc.
- There is a demonstrated need for a service dog (versus companion dog).
- **Primary and Secondary Caregivers must attend all training sessions** and be comfortable handling a dog while caring for your child while in public. Even highly trained service dogs can become distracted and will require directions and commands from the child's guardian.

Responsibilities of the Client

- Clients are responsible for the cost of caring for the dog (food, vet care, etc.).
- **Clients must be the primary handler/trainer** and are required to attend 1 training session per week with a professional VSD trainer (*unless a long-term board and train option is available*). Clients must have a guardian with them at all times during training. Younger clients may have a parent/guardian learn to be a secondary handler. On average, the training program takes 12-24 months to complete, but that can vary from client to client.
- All VictoryKids clients and their parent/guardian will have a one on one training class, unless a group class is requested and prior authorization is received by parent/guardian.
- The most successful candidates are highly committed to consistently meeting the training schedule. Please consider whether this will fit into your lifestyle. Clients with three unexcused absences in the span of one month will need to undergo re-evaluation in the program at the organization's discretion.
- VictoryKids clients that are school aged will be required to maintain school attendance and grades in accordance with their ability to do so.
- On-site Behavioral Health Specialist available to assist when requested or deemed necessary.



- Once a client's service dog has passed all of the tests required by the ADA, they will also need to re-certify every 1 year by taking a renewal test with one of our certified instructors.

Application Requirements

- All application documents and acknowledgements completed and signed
- Documentation of a diagnosis from a medical provider or psychologist/psychiatrist that would benefit from having a service animal. These diagnoses include but are not limited to: autism, diabetes, any condition involving mobility problems, ADHD, etc.
- Medical statement of allergies (if requesting a hypoallergenic breed)
- Three statements describing the applicant's diagnoses, challenges, and needs from extended family members, current service providers, teachers, or friends of the family
- If possible, a statement from the child expressing what a service dog means to them
- If there are other pets living in the home(s), include current vaccination records

A 15-20 minute video

- Introducing all members of the residence, house and home environment including the yard
- Showing how the applicant interacts with a dog. It is important for us to see the applicant's current behavior around dogs. The dog in the video may belong to a neighbor, friend or relative, but if you have dogs in the home, they must be included in the video also
- Showing the applicant in a variety of settings to exhibit a variety of behaviors and/or moods: engaging in preferred and non-preferred activities, experiencing transitions, communicating wants and needs, and a meltdown. It is vital that the trainers are familiar with each applicant's specific behaviors in order to be able to properly determine the appropriate training curriculum and make the best possible match. All questionnaires, charts and signed acknowledgements

Service Dogs

According to [Assistance Dogs International](#) a service dog is defined as “a dog that works for individuals with disabilities other than blindness or deafness. Service dogs are trained to perform



a wide variety of tasks including but not limited to; pulling a wheelchair, bracing, retrieving, alerting to a medical crisis, and providing assistance in a medical crisis.”

Please read the [FAQs and Support](#) page for additional information.

Dog Disclaimer

- To ensure that the dogs brought into the Victory Service Dogs program are of the highest quality, dogs that do not fit the VSD requirements will NOT be accepted.
- Proof of all vaccinations is required, including Rabies and Bordetella.
- The best dogs usually show high intelligence, have a friendly disposition, a calm demeanor, and a strong work drive. The breeds recommended by the ADI for our service training are; Labrador Retrievers, Golden Retrievers, Standard Poodles (*and occasionally Golden Doodles, Labradoodles and Sheepadoodles*). **We currently ONLY ACCEPT Golden Retrievers, Labrador Retrievers and Standard Poodles younger than 1 year old. The above mentioned poodle mixes may be accepted on a case-by-case basis.**
- All dogs are subject to Assessment and Temperament testing before acceptance into the VSD program. **Any dogs with aggressive behavior or a history of biting will NOT be admitted into the program.** This is to protect you as our client, the general public, and our reputation as an organization.
- **PLEASE NOTE:** Clients may only have 2 dogs total (including service dog) living in their home. You may not add any other dogs to your residence once you've begun training and your dog passes certification as a service dog. Only once your service dog retires may you add another dog into your home. This is a non-negotiable rule and if it is broken, you may not continue with Victory Service Dogs.

Victory Service Dogs Inc. does not discriminate based on race, color, creed, national origin, sex, age, religion, marital status, sexual orientation, gender identity or expression, HIV/AIDS status, or physical or mental disability for the purpose of service, employment, membership, volunteering, or leadership.



In order to be considered for the program, please use the following checklist for the required paperwork. The following items **must** be completed and verified by VSD before your application will be accepted.

- Completed** Enrollment Application
- Non-refundable \$75 Application Fee (please attach a check – payable to Victory Service Dogs, or proof of payment via PayPal receipt printout from our website’s online donation)
- Medical recommendation from a doctor or mental health professional requesting the need for service dog (have provider send directly to Victory Service Dogs)
 - *This letter requires the client’s full name, the doctor or mental health professional’s contact information (clinic name, address, signature, contact information).
- 15-20 Video (please email)

Application and Supporting Documents can be dropped off or mailed to:

Victory Service Dogs
770 Wooten Rd. Suite 103
Colorado Springs, CO 80915.
email: victoryservicedogsinc@gmail.com

Application materials are confidential. Your written application and supplemental materials are considered the property of Victory Service Dogs, Inc.



SECTION 1 – BIOGRAPHICAL INFORMATION

Child Applicant Information

First Name: _____ Last Name: _____
DOB: _____
Address: _____
City: _____ State: _____ ZIP: _____

Caregiver Information

Primary Caregiver

Relationship to Applicant: _____
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
What type of home do you reside in (circle one)? **House** **Apartment** **Other:** _____
Does the Primary Caregiver work outside the home? **Y** **N**
Occupation: _____
Phone: _____ ALT Phone: _____
Email: _____

Secondary Caregiver

Relationship to Applicant: _____
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
What type of home do you reside in (circle one)? **House** **Apartment** **Other:** _____
Does the Secondary Caregiver work outside the home? **Y** **N**
Occupation: _____
Phone: _____ ALT Phone: _____
Email: _____



Emergency Contact

Emergency Contact 1

Name: _____

Relationship to Applicant: _____ Phone: _____

Emergency Contact 2

Name: _____

Relationship to Applicant: _____ Phone: _____

Physician

May we contact? **Y** **N**

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

If Applicable

Physical Therapist

May we contact? **Y** **N**

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupational Therapist

May we contact? **Y** **N**

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Veterinarian (if there are pets in the home)

May we contact? **Y** **N**

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____



SECTION 2 – DISABILITY INFORMATION

What is the primary diagnosis?

Additional diagnosis?

Are there restrictions or precautions as a result of their diagnosis?

What are their limitations?

How does this affect their daily living skills?

What type of medical treatment are they currently receiving?

What medications are they taking and what are they for?



What types of adaptive equipment does your child use (ie. Wheelchair, hearing aid)?

Does the applicant attend school? **Y** **N**

If no, why not?

Applicant's school: _____ Grade: _____

Does the applicant have a one-on-one aide at school? **Y** **N**

Is the applicant or will the applicant be mainstreamed at school, attend special education classes, or some other program? Please explain:

Are you aware of any service dogs working in the school the applicant attends or will attend?
Y **N**

If yes, what is the nature of the dog's service?

Does the applicant receive center-based or in-home therapy? **Y** **N**

If yes, how many therapists work with your child? _____

How many days a week? _____

Please list all therapies:



Behavior

Please rate the following behaviors relevant to the applicant. Please use the following scale:
1 = Not at all **4 = Very Problematic**

Behavior Rating

Behavior	Rating			
	1	2	3	4
Acts impulsively or carelessly, without regard for consequences				
Hits or hurts others				
Damages or breaks things that belong to others				
Screams or yells				
Has sudden mood changes; demonstrates mood swings				
Has temper tantrums or meltdowns				
Has a low frustration tolerance; becomes easily angered or upset				
Cries easily with minor provocation				
Is overly quiet, shy, or withdrawn				
Is underactive or lacking in energy; sedentary				
Expresses worry about many things				
Engages in compulsive behaviors; repeats certain acts over and over				
Is overly concerned with making mistakes; is a perfectionist				
Has toileting accidents				
Hits or hurts him/herself				
Laughs or giggles at inappropriate times				
Becomes upset if routines are changed				
Asks the same questions over and over				
Engages in unusual mannerisms such as hand-flapping or spinning				
Has to play or do things in the same exact way each time				
Has difficulty calming him/herself down when upset or excited				
Runs away from caregivers				
Demonstrates hyperactive behaviors				
Demonstrates aggressive behavior				

Are there other behaviors we should be aware of?

How often does a typical meltdown occur?



How long does it take the applicant to recover?

What are some common triggers?

Is the applicant: **Verbal** **Nonverbal**

Does the applicant: Have any sensory sensitivities? Circle all that apply

Sound **Touch** **Sight** **Smell**

Other: _____

Demonstrate impairments in eye contact and/or body language? **Y** **N**

Demonstrate the repetitive use of language or echolalia? **Y** **N**

Share enjoyment, interests, or achievements with others? **Y** **N**

What are some of the applicant's interests (Legos, coloring, cars, etc.)?

What are high motivators for your child?



SECTION 3 – EMPLOYMENT OR VOLUNTEER ACTIVITIES

For children ages 16 – 18 years

Are they employed or engage in volunteer activities? **Y** **N**

Employer or Volunteer Supervisor

May we contact? **Y** **N**

Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Basic job duties: _____

Do they have a case with The Bureau of Vocational Rehabilitation? **Y** **N**

If yes, Counselor name: _____

Phone: _____

BVR Address: _____

City: _____ State: _____ Zip: _____

SECTION 4 – HOME ENVIRONMENT

Please provide the name(s) and ages of people living in the same residence with the client:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

If there are other children in the home, what do they think of this child having their own dog? It is often necessary to have the child be the primary caregiver of the dog to encourage and maintain bonding. The child will be the only one to give the dog attention, treats, and play with the dog. Is this something you are prepared to deal with? **Y** **N**

In addition, having a dog is sometimes very much like having another child. Are you able to handle the additional responsibility? **Y** **N**



Home Pet(s)

VSD does not allow a program participant to have more than two dogs total (including the service dog) in any given residence. If you have more than two dogs at this time, please contact VSD.

*Every animal in the home must be assessed prior to acceptance into the program.

How many pets are currently in your residence? _____

Name and Gender: _____ Type/Breed and Age: _____

Name and Gender: _____ Type/Breed and Age: _____

Fenced backyard: **Y** **N**

If “no” fenced yard, explain location for exercise:

Who is the primary caregiver of family pet(s) (if applicable):

Does anyone in your residence have any concern(s) of having a service animal in your/his/her home? Does he/she not want to have a dog in the house? If so, please explain.

Do you or anyone who resides with you (if applicable) have a fear or severe dislike of dogs?

Yes **No**

Do any of your current dogs exhibit behavioral issues? Behavioral issues include, but are not limited to: aggression (toward people or other animals), excessive barking/howling, resource guarding, etc... **Yes** **No**

Would you like to have your own dog evaluated to be a service dog? **Yes** **No**

***must be less than 1 year old and be one of the accepted breeds (Golden Retriever, Labrador Retriever, or Standard Poodle)**

If yes, please provide the following information about your dog:

Breed _____ Age/DOB _____ Weight _____



Service Dog Care and Expectations

Can you afford a dog (food, grooming, medical bills)? **Y** **N**

Is the child independently able to handle the service dog? **Y** **N**

If not, who will handle the dog for them? _____

Can the child feed the dog? **Y** **N**

Can they participate in grooming the dog? **Y** **N**

If you answered no to any of the above questions, who will assist them in the daily care of the dog?

What tasks do you think a service dog could do to make your child more independent?

Do you want this dog to go to school with the child? **Y** **N**

If so, have you discussed with teachers or school administrators? **Y** **N**

What was their response?

What are the major challenges you experience as a primary caregiver of an individual with special needs?

What are the challenges other family members experience?

How will a service dog change your life and that of other family members?



In what ways do you think a service dog might enhance the life of your applicant with special needs?

Primary Caregiver: Briefly, what are your expectations for a service dog?

Secondary Caregiver: What are your expectations?

What concerns or reservations do you have with respect to owning a service dog?

Is there anything we have not asked that you feel is important for us to know about you, your applicant, or your family?

What are some of the applicant's strengths?



SECTION 5 – FINANCIALS AND TRAINING COMMITMENT

Victory Service Dogs requires a non-refundable enrollment application fee of \$75 to cover the costs of processing your application, interview, and providing permanent tags and patches if you and a dog enter our training program.

The cost of the program is \$10,000. Do you feel that you can afford a minimum monthly payment of \$200 that will go towards your program cost? *We do have fundraising support available upon request. **Y** **N**

We estimate the annual cost of dog ownership to be between \$1,500 - \$2,000 per year. Do you feel you can assume the financial responsibility of dog ownership, to include housing/bedding, food, pet insurance and veterinary costs? **Y** **N**

client are accountable for attending training and unexcused absences may result in additional charges to the client, and/or removal from the program. Will you be able to commit to recurring, weekly training that may occur over a period of 18 - 24 months, based on the level of training required? **Y** **N**

Will you be able to commit to doing homework with your service dog in-training as instructed by VSD's trainers and attend public locations for service dog training/testing? **Y** **N**

Please understand it may take as long as one year to be matched with a service dog prospect and begin training, but we need to know if you could start soon if capacity allows.

Will you be available to start the program in approximately 90 days? **Yes** **No**

How would you respond to the challenges of having a Service Dog in public, where there might be questions as to the certification and ability to be allowed in establishments? How would you respond and what would you say?



SECTION 6 – MEDIA RELEASE

Victory Service Dogs periodically uses electronic, traditional media (i.e., photography, video, audio, testimonial(s) and social media) for publicity and/or educational purposes.

By my signature, on this form, I acknowledge receipt of this document and give permission to Victory Service Dogs and its designees to use such reproductions for educational and/or publicity purposes in perpetuity without further consideration for me. I have read the above release and am aware of its contents.

Primary Caregiver/Parent Signature: _____ Date: _____

Print Name: _____

Secondary Caregiver/Parent Signature: _____ Date: _____

Print Name: _____ Initials: _____

Signatures must be hand signed and not electronically

SECTION 7 – ACKNOWLEDGEMENT

Victory Service Dogs is a non-profit organization and relies on donations to train our service dogs. It takes approximately two years to train a service dog. Applicants are not required to participate in any fundraising or public relations activities without their expressed and voluntary involvement. Victory Service Dogs reserves the right to approve/deny a client at any stage of the process in acquiring a Victory Service Dog. We also reserve the right to remove a placed dog that was matched to a client if it is deemed necessary by staff. While VSD does not anticipate any of the above-mentioned problems, we must inform all applicants of these possibilities.

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

Primary Caregiver/Parent Signature: _____ Date: _____

Print Name: _____

Secondary Caregiver/Parent Signature: _____ Date: _____

Print Name: _____ Initials: _____

Signatures must be hand signed and not electronically



SECTION 8 – HIPPA AUTHORIZATION FOR RELEASE OF INFORMATION

Victory Service Dogs is fully committed to compliance with HIPPA guidelines, located at www.hhs.gov by: 1. Providing appropriate security for service dog client's PHI. 2. Protecting the privacy of client's medical information. 3. Providing our client's, with proper access, to the medical portion of their application. 4. Appropriately maintaining our client's information in compliance with national standards. If you have any questions or concerns, please bring them to the attention of VSD staff.

ACKNOWLEDGEMENT PROMISE OF PRIVACY TO CLIENT'S PERSONAL HEALTH INFORMATION (PHI) 7 | Page Applicant Authorization for Use and Disclosure of Protected Health Information: By signing, I authorize Victory Service Dogs to use and/or disclose certain protected health information (PHI) about me to any business associate Victory Service Dogs deems necessary beginning with the application process, including service dog training and placement, and ending with termination with Victory Service Dogs. This authorization permits Victory Service Dogs to use and/or disclose the following individually identifiable health information about me: All personal health information relevant to relationship between applicant and Victory Service Dogs. Limited release of information (only as described below):

_____ I elect 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 client 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. The purpose(s) is/are provided so that I can make an informed decision whether to allow release of the information. This authorization will expire on: _____/_____/_____. I do not have to sign this authorization to receive consideration from Victory Service Dogs. In fact, 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 disclosure by the recipient and may no longer be protected by the federal HIPPA 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 Victory Service Dogs, 770 Wooten Rd. Suite 103, Colorado Springs, CO 80915. I acknowledge receipt and understanding of this HIPPA Authorization for Release of Information.

Primary Caregiver/Parent Signature: _____ Date: _____
Print Name: _____



Secondary Caregiver/Parent Signature: _____ Date: _____

Print Name: _____ Initials: _____

Signatures must be hand signed and not electronically

SECTION 9 – MEDICAL PROVIDER CONTACT AND RELEASE

The medical recommendation(s), for a service dog, will be sent directly from your medical provider. Please ensure your provider is aware of your request and on medical provider/office letterhead. The Provider's office will send the letter, directly to Victory Service Dogs, using the contact information on page 1. Victory Service Dogs may request specific/vital information pertaining to the client's medical condition/disability. A service dog plays a crucial role in the emotional stability of the client resulting in lifelong companionship. Some dogs are trained specifically for this purpose.

Name of Provider: _____

Please release the requested medical information regarding my condition to Victory Service Dogs. The information will be used to help the organization determine my abilities to obtain a service dog. Thank you.

Primary Caregiver/Parent Signature: _____ Date: _____

Print Name: _____

Secondary Caregiver/Parent Signature: _____ Date: _____

Print Name: _____ Initials: _____

Provider Name: _____ Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax): (____) _____

Provider Signature: _____ Date: _____

Signatures will be hand signed and not electronically

End of Application

By submitting this application, you are validating that the above information is truthful and honest to the best of your knowledge.

Applicants will receive a notification by phone and/or email regarding their eligibility after the **entire application** packet is received and reviewed by Victory Service Dogs, Inc. staff.