

Dear Applicant,

As you know, this is the first step in processing your application - thank you! At this point we require additional information to continue our screening and assessment process for potential Service dog placement with you. Please complete and submit the enclosed supplemental information form per the instructions.

To complete our screening, assessment, training and placement process, you must also be able to travel from your home to K-9CA Training facility in Manassas Virginia on at least twice a month more continued training until certifications have been completed and your dog has been released. If for any reason this is not agreed upon or possible, your application may be rejected.

We look forward to continuing to work with you, and determining how we may help you.
Thank you.

Sincerely,
Sonny Madsen
Founder & President of K-9Caring Angels
Cell- 571-284-9554
Sonny.CaringAngels@Gmail.com
www.K-9CaringAngels.org

A completed application must include the following additional information:

1. This Supplemental Information.
2. Medical Information Form completed by your physician, primary care specialist or caseworker. *Medical Information Form is provided with this document.*
3. A letter of recommendation from a licensed therapist, social worker, counselor or medical professional with whom you have contact stating the basis of their recommendation and the outcome they believe placement of a service dog would foster.
4. A letter from your spouse / companion agreeing to support the placement of a service dog and the reasons they believe a service dog will help you.
5. A full-length photo of yourself from within the last three months (to help assess potential service dog placement).
6. Copy of current homeowner's or renter's insurance policy with relevant sections of policy concerning liability for dog bites or injuries (**required for ALL applicants**).
7. If you rent your home, a copy of your lease or rental agreement and a letter of acknowledgement – signed by you and your landlord – indicating that you have discussed having a service dog with your landlord.

Date:

Part 1 - Contact Information

Applicant Name: _____

Address:

City:

County:

State:

Zip:

Temporary Address or *Permanent Address*

Preferred means of communication: Phone E-mail

Daytime phone number: _____ work home cell

Evening phone number: _____ work home cell

Other: _____ work home cell

E-mail address (work): _____ E-mail address (home): _____

Are you in the VA system? Yes No

Part 2 – Medical Personnel Contact Information

Case Manager: _____

Phone: _____ E-mail: _____

Physician (Primary Care Practitioner): _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Therapist: _____

Phone: _____ E-mail: _____

Therapist: _____

Phone: _____ E-mail: _____

Medical Team Contact Information must include, as applicable, the following:

Your primary care practitioner (***required for ALL applicants***).

Your current mental health practitioner(s). Applicant who is seeking a service dog to assist with symptoms of a mental health condition must be in active treatment.

All other medical practitioners you currently see or have seen within the past 12 months for issues related to your disability or medical condition.

Any physical therapist you currently see or have seen within the past 12 months for issues related to your disability or medical condition.

Any occupational therapist you currently see or have seen within the past 12 months for issues related to your disability or medical condition.

Part 3 – Waiver of Client Privilege

I _____ hereby grant k-9 Caring Angels coordinating personnel permission to speak with my current or past caregivers. K-9CA personnel access to my medical or mental health status provides critical information required for an informed decision regarding being accepted or not accepted into K-9CA program to receive a Service dog. I fully understand that by not granting this waiver, I will not be accepted into K-9CA program.

Initial _____ I understand that at no point will any information be shared, transferred or divulged to others outside of K-9CA without my prior written consent.

Initial _____ I understand that at any point in time K-9CA coordinating team personnel may call caregivers listed in this supplemental information for a status update on my health and well-being.

Initial _____ I understand that by signing this waiver, I am allowing discussion between the VA hospital, Vets Center or other outside care providers and will fully cooperate as needed.

Initial _____ I understand that any discussion of my records or health may also be discussed with the K-9CA Canine Operations and members of the Canine Operations Training team for the sole purpose of properly preparing a Service Dog and ensuring their safety.

Initial _____ I have notified the caregivers listed in this supplemental information package of my intent and have given my permission to them to discuss my care with the K-9CA medical team.

Initial _____ I am aware that I will need to provide supporting documents, records or prescription information from my caregivers, and not doing so will result in my not being accepted into K-9CA program.

Part 4 – Financial Status

Please list ALL sources of family income, including, but not limited to, wages, salary and tips, social security benefits, disability benefits, investment income and any financial support received from other organizations

<u>Source of Income</u>	<u>Amount (Monthly)</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Average Monthly Income \$ _____

Please list ALL family MAJOR living expenses (i.e., rent, mortgage payments, utilities, insurance, car payments, transportation expenses, food, medical expenses, and other living expenses).

<u>Description of Expense</u>	<u>Amount (Monthly)</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Average Monthly Expenses \$ _____

Part 5 – Logistic Suitability Assessment

Initial _____ I hereby grant full permission for two individuals from K-9CA to visit my residence and property with me at a time mutually agreeable to all parties to conduct a Logistic Suitability Assessment. I understand the purpose of the Logistic Suitability Assessment is to verify the service dog would be placed in a safe, secure and healthy environment.

Types of Assistance Dogs:

A Service Dog is a dog trained to perform tasks for an individual with a disability. This type of dog has public access as defined by the Department of Justice and the ADA.

An Emotional Support Dog is a medically prescribed dog providing therapeutic benefit through dedicated companionship. This type of dog does NOT have public access as defined by the Department of Justice and the ADA.

A Therapy Dog is a dog involved in animal assisted therapy. This type of dog does NOT have public access as defined by the Department of Justice and the ADA

Part 7 – Declarations

Application submission does not guarantee receipt of a K-9CA Service dog. Dog placement is dependent on 1) applicant's qualification for a K-9CA dog and 2) availability of a Service dog(s) in training that can meet the applicant's specific needs as determined during application review, applicants and caregiver interviews, and Service dog identification, training and placement process.

I understand it is my responsibility to keep K-9CA informed of any changes in my address, phone number(s) and E-mail address, as well as changes in my interest and/or ability to receive and care for a K-9CA dog. I understand my completed application will be retained on file by K-9 Caring Angels for period of two years.

Applicant Signature: _____ Date:

Applicant Printed Name:

Please sign and return the completed application to **K-9 CaringAngels,9823 Godwin rd,
Manassas VA,20110 Sonny.CaringAngels@Gmail.com**