



PART 1

The Initial Application Process Worksheet

Thank You for your interest in obtaining a paws4people™ Assistance Dog. Our application process is arduous and lengthy. Please think of it as your opportunity to make your “first impression” with our organization. It is also your chance to demonstrate the level of your desire to receive one of our dogs.

We take the Placement of our dogs VERY seriously and make every effort to ensure that they receive the best “forever” placement possible. We also make every effort to ensure that you receive a dog that is best suited for you and your personal situation.

IMPORTANT NOTICE: The paws4people™ foundation currently operates in these states: VA, WV, OH, NC, and GA. We maintain limited operations and K-9 placement services in PA, MD, NY, eastern TN, and SC. Applicants from other geographic locations may request special consideration. However, the special consideration will be evaluated on a case-by-case basis.

PLEASE follow these Application Instructions. Any error or omission will result in the delay in processing your application.

Applicant Lastname	Applicant Firstname	Applicant Initial
Street Address		City, State, ZIP

paws4people™ Applications
(Non-Military)

paws4vets™ Applications
(Veterans, Active-Duty, Active-Duty Dependents)

Application Segment

Complete

 YES

 YES

Segment 1. Letter of Request - Assistance Dog

1.) For Applicants over the age of 18; The Applicant must submit an originally composed letter addressed to the paws4people™ Application Committee which describes the reason(s) why the Applicant wants an Assistance Dog, what the Applicant thinks/wants the dog to be able to do for him/her, and how the Applicant believes the Assistance Dog will improve his/her life.

2.) For Applicants over the age of 12, but under the age of 18; The Applicant must submit an originally composed letter addressed to the paws4people™ Application Committee which describes the reason(s) why the Applicant wants an Assistance Dog, what the Applicant thinks/wants the dog to be able to do for him/her, and how the Applicant believes the Assistance Dog will improve his/her life. This letter may be supplemented by an additional letter written by a parent/guardian of the Applicant.

3.) For Applicants over the age of 6, but under the age of 12; The parents/guardians of the Applicant must submit an originally composed letter addressed to the paws4people™ Application Committee which describes the reason(s) why the parent/guardian wants an Assistance Dog, what the parent/guardian thinks/wants the Assistance Dog to be able to do for the Applicant, and how the parent/guardian believes the Assistance Dog will improve the Applicant's life.

This letter may be supplemented with a video file in which the Applicant and parents/guardians express the basic contents of their letter.

 YES

 YES

Segment 2. General Application Form [enclosed]

Follow Instructions contained within the General Application Form

 NO

 YES

Segment 3. PTSD Pre-Placement Assessment Form [enclosed]

Follow Instructions contained within the PTSD Pre-Placement Assessment Form
[Note: This form does not have to be accomplished for active-duty dependents]

 YES

 YES

Segment 4. Criminal Background - Memo for Record (CB-MFR)

As part of our program you will be required to enter a federal prison. You will be REQUIRED to provide an Authorization for Release of Information as part of a security background check which will permit you to enter the prison. Provide a signed and dated MFR detailing any Misdemeanor or Felony arrests and/or convictions, you have had since the age of 18. If you have not had any such arrest/convictions, please state so in the MFR. Failure to provide complete and truthful information WILL result in your application being denied.

NOTE: If the Applicant is over 18-years-old, the CB-MFR only has to provide information specific to the Applicant. If the Applicant is under 18-years-old, the CB-MFR must provide information specific to at least one parent or legal guardian.

Application Instructions – cont.

**paws4people™
Applications**
(Non-Military)

**paws4vets™
Applications**
(Veterans, Active-Duty,
Active-Duty Dependents)

Application Segment

Complete

 YES

 YES

Segment 5. NCIC - Authorization for Release of Information [enclosed]

Follow Instructions contained within the NCIC Check Form.

 YES

 YES

Segment 6. Letters of Recommendation - Personal

Two letters of recommendation from two non-family members which attest to your personal character, values and/or general standing in the community, and express the writer's opinion concerning your ability and capability to properly and adequately care for a dog. These letters MUST be received in their own envelope addressed to: paws4people, Application Committee, P.O. Box 491, Round Hill, VA 20142-0491. Your application CAN NOT be processed without these letters.

If the Applicant is under the age of 12, these letters should be written on behalf of the family and not the Applicant.

 YES

 YES

Segment 7. Letter of Medical Requirement - Assistance Dog

A letter from the Applicant's primary medical or psychological caregiver which provides his/her professional opinion as to the advisability of the Applicant obtaining an Assistance Dog. This letter MUST be on the caregiver's letterhead. This letter MUST be received in its own envelope addressed to: paws4people, Application Committee, P.O. Box 491, Round Hill, VA 20142-0491. Your application CAN NOT be processed without this letter.

 YES

 YES

Segment 8. Medical Release Form [enclosed]

Please fill out and provide a copy of the VA Medical Release form to each of your medical and/or psychological care providers you identified in your General Application.

Veteran: Use the VA Form /or / Active-Duty Military: Use the DOD Form / or / Civilians: Use the paws4people™ Form

Your application CAN NOT be processed without a copy of this form for EACH care provider identified in your General Application.

 YES

 YES

Segment 9. Digital Photograph

A digital photograph of the Applicant MUST be provided. This photograph will be used on any/all paws4people™ web sites. This will become the "official" paws4people™ photograph of the Applicant. The photograph MUST be high resolution and MUST be provided in ".jpg" format. The photograph MUST be submitted in electronic format, either on a CD, other comparable medium or may be emailed to: info@paws4people.org

 YES

 YES

Segment 10. Applicant Profile

The Applicant MUST provide a written "story" or "profile" for use on paws4people™ web sites. This story MUST be a minimum of 500 words. The story/profile can be written by the Applicant, or anyone else who wishes to express themselves on the behalf of the Applicant. The profile may have multiple segments provided by more than one author. The story/profile should include general biographical data about the Applicant, why the Applicant needs/wants an Assistance Dog, what the Assistance Dog may do for the Applicant, and/or any other information of interest about the Applicant. This story/profile is subject to "final" approval, review and edit of the paws4people™ foundation. paws4people™ editors will work to the maximum extent possible with the Applicant to arrive at a mutual agreement concerning the content of the story/profile, however the paws4people™ foundation reserves final rights to edit the document.

This story/profile MUST be submitted in electronic format, preferably as a ".doc" file. The photograph MUST be submitted in electronic format, either on a CD, other comparable medium or may be emailed to: info@paws4people.org

 YES

 YES

Segment 11. Public Awareness Campaign

An Applicant selected to receive a paws4people™ Assistance Dog will be required to conduct a Public Awareness Campaign (PAC). Please read the Summary of the PAC enclosed. Provide a signed copy of this document with your application package.

Each segment of the Application must be completed and submitted in order for your application to be considered. Applications will not be submitted for consideration until all eleven segments are received. It is the Applicant's responsibility to provide all application segments.

Once you have submitted these eleven segments of the initial application process, your application will be reviewed by our Application Committee, our training staff and our operational staff. A decision will be reached which will either; allow you to continue to the next phase to the process, or notify you that your application was not accepted.

If you are selected to continue the application process we will schedule a "home visit" at which time you will be interviewed and provided comprehensive details concerning the following aspects of our application process, including details concerning your visit to one of our training facilities.



GENERAL APPLICATION FORM

Community Dog Program Foster Program Private Placement – Assistance Dog Program

Type of Application: paws4people™ Program (Non-Military)

Community Dog Program: Complete Section 1, 3, 4, 5, 6, 7 & 8

Foster Program: Complete Section 1, 3, 4, 5, 6, 7 & 8

Private Placement Program: Assistance Dog: Complete All Sections Specify Type of Assistance Dog

Type of Assistance Dog Being Requested (Private Placement Program):

Service Dog: Physical Limitation: MUST Complete Section 2. Educational Assistance Dog: Complete Section 2 only if applicable. Rehabilitative Assistance Dog: Complete Section 2 only if applicable. Social-Therapy Dog: Complete Section 2 only if applicable.

Type of Application: paws4vet™ Program (Veteran, Active-Duty, or Active-Duty Dependent)

Veteran: Copy of DD-214 Must Accompany Application

Active-Duty:

Active-Duty Dependent:

Type of Dog Being Requested (Private Placement Program):

Service Dog: Physical Limitation: MUST Complete ALL Sections

Service Dog: Psychiatric PTSD C-PTSD: MUST Complete ALL Sections

Rehabilitative Assistance Dog: PTSD: MUST Complete ALL Sections

Educational Assistance Dog: Complete ALL Sections; Section 2 only if applicable.

If either of these two boxes are checked, a Post-traumatic Stress Disorder Pre-Placement Assessment Form MUST accompany the submission of this application.

Dog's Name (if Known or if Applying for a Specific Dog):

Callname:

Section 1: Name of Primary Family/Foster Member (PFM) who will be in charge of the Dog:

First Name:	Last Name:	Age:	Gender: M / F
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Name(s) of all persons who reside in residence that will house the Dog:

First Name:	Last Name:	Age:	Gender: M / F	Relationship to PFM:

If more space is needed, please use Continuation Sheet, located at the end of this application.
Please continue to Section 2.



GENERAL APPLICATION FORM

Community Dog Program Foster Program Private Placement – Assistance Dog Program

Section 2: Name of Private Placement Candidate (PPC) for whom the Dog is being requested:

First Name:	Last Name:	Age:	Gender: M / F
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Please indicate the PPC's qualifying category:

<input type="checkbox"/> Juvenile (age 6 –18), with a serious medical condition	Describe medical condition and stage:
<input type="checkbox"/> Adult (age 19 – 62.5), with a serious medical condition	Describe medical condition and stage:
<input type="checkbox"/> Adult (age 19 – 62.5), with PTSD or C-PTSD	Describe medical condition and stage:
<input type="checkbox"/> Senior (age 62.5+), with a serious medical condition	Describe medical condition and stage:

Note: Final application acceptance for candidates described in the above four categories cannot be provided without a statement from the candidate's primary medical provider which states that the presence of an Assistance Dog will not cause a medical concern with the treatment of their patient. You may submit your application for "qualified" acceptance, pending medical certification. If you receive this "qualified" acceptance, you may then request the candidate's primary medical provider to provide his/her certification, in letter form, addressed to paws4people, detailing their acceptance and concurrence concerning the placement of an Assistance Dog with the candidate.

<input type="checkbox"/> Senior (age 62.5+), with spouse loss	Date spouse deceased:
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<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table> Is the PPC aware of this request?	YES	NO	If NO, why?:
YES	NO		

Name(s) of all persons who reside in residence that will house the Dog, or who are responsible for the PPC:

First Name:	Last Name:	Age:	Gender: M / F	Relationship to PPC:
First Name:	Last Name:	Age:	Gender: M / F	Relationship to PPC:
First Name:	Last Name:	Age:	Gender: M / F	Relationship to PPC:

If more space is needed, please use Continuation Sheet, located at the end of this application.

Please continue to Section 3.

Section 3: Residence: Information concerning the residence in which the Dog is being considered for placement:

Location:

Street Address:	City:	State:	ZIP
Main Phone Number:	Fax Number (if appropriate):	E-MAIL Address:	

Type of residence (check one):

<input type="checkbox"/> Detached Single House:	<input type="checkbox"/> Townhouse:	<input type="checkbox"/> Apartment/Condo:	<input type="checkbox"/> Mobile Home:
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Legal Status:

<input type="checkbox"/> Own:	<input type="checkbox"/> Rent/Lease:	If you rent or lease, a copy of your lease and a letter from your landlord will be required prior to the placement of the dog. Your lease and letter will be required to state that a large breed dog is permitted to live within said residence. [Note: If a Public Access Certified Service Dog is obtained, under the ADA it can not be prohibited from living with its recipient.]
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GENERAL APPLICATION FORM

Community Dog Program Foster Program Private Placement – Assistance Dog Program

Yard Description:

Approximate Size (SqFt) Front:	Approximate Size (SqFt) Back:
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Please select the appropriate backyard description:

Unfenced: YES	Please explain arrangements you will utilize for the dog's exercise and toilet requirements:
Totally Fenced: YES	
Partially Fenced: YES	Please explain:
Please describe your type of fence, its construction, height, etc.:	

Does your residence have:

Dog Door: YES / NO	Outdoor Kennel Run: YES / NO	Tieout Stake(s): YES / NO	Overhead Cable Run: YES / NO	Outdoor Dog House: YES / NO
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If more space is needed, please use Continuation Sheet, located at the end of this application.

Please continue to Section 4.

Section 4: Dog's Environment:

The Dog will be primarily maintained:	Indoors	Outdoor
Will the Dog ever be tied up or chained while outdoors?	YES	NO
The Dog will have access to what part/rooms of residence:		
Where will the Dog spend its time when left alone in the residence?		
How many hours a day will the Dog be left alone within the residence?		
Where will the Dog be left during vacations, business travel, etc.?		

Other pets/animals maintained by members of the stated residence:

Type of Animal	Breed (if appropriate)	Gender	Age	Spayed or Neutered	Where is this animal maintained:
		M / F		Yes / No	
		M / F		Yes / No	
		M / F		Yes / No	
		M / F		Yes / No	
		M / F		Yes / No	

If more space is needed, please use Continuation Sheet, located at the end of this application.

Please continue to Section 5.



GENERAL APPLICATION FORM

Community Dog Program
Foster Program
Private Placement – Assistance Dog Program

Section 5: PFM, PPC General Information:

Has the PFM/PPC or any other member of the residence ever trained a dog before? Yes No

Has the PFM/PPC or any other member of the residence ever trained a dog before by attending an obedience school or using a "private" trainer? Yes No

Has the PFM/PPC or any other member of the residence ever "CRATE" trained a dog before? Yes No

Has the PFM/PPC or any other member of the residence ever had to surrender a pet to a shelter, for any reason? Yes** No

Has the PFM/PPC or any other member of the residence ever had to sell or give away a pet because they were for any reason unable to care for that pet? Yes** No

Is the PFM/PPC or the other member(s) of the residence capable of, and prepared to spend \$1,000+ a year to support a Dog? [This cost includes, but is not limited to: annual veterinarian care, monthly preventative medicine, food, supplies, miscellaneous fees, etc.] Yes No

** A "YES" answer to either of these two questions must be explained fully on the Continuation Sheet, located at the end of this application.
Please continue to Section 6.

Section 6: Veterinarian:

Name of Veterinarian Practice:			
Name of Veterinarian:			
Street Address:	City:	State:	ZIP
Main Phone Number:	Fax Number (if appropriate):	E-MAIL Address:	

Please continue to Section 7.

Section 7: Terms & Condition for the Placement of an Assistance Dog.

I (we) hereby acknowledge and affirm that all information provided within this application is true and accurate. I (we) understand that any misrepresentation of fact may result in the declination of this application and/or the removal of the Dog from my/our possession. I (we) further understand that the possession of the Dog is at the discretion of paws4people™, and that the dog is and always shall be the exclusive property of paws4people™. If for any reason paws4people™ determines that it is in its best interest or the best interest of the dog that possession should revert back to paws4people™, the dog shall be surrendered to paws4people™ within 24 hours of such notification. If the dog is not returned, any /all legal as well as any/all other costs associated with the return of the dog to paws4people™'s custody shall be the sole and exclusive responsibility of the PFM/PPC. Submission of this application in NO way obligates paws4people™ to provide a dog to PFM/PPC. This application may be approved/declined at the sole and exclusive determination of paw4people™. The determination reasons, rationale, basis shall be the sole and exclusive property of paws4people™, and may or may not be disclosed.

Please continue to Section 8



GENERAL APPLICATION FORM

Community Dog Program
 Foster Program
 Private Placement – Assistance Dog Program

Section 8:

All adults who reside in the residence where the Dog will reside, or who are responsible for the PPC, must sign this application.

I/we have read and understand the contents of Section 7, and hereby agree to abide by its stated terms and conditions:

Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:
Signature:	Printed Name:	Date:

If more space is needed, please use Continuation Sheet, located at the end of this application.

INSTRUCTIONS:

Please use the Continuation Sheet to provide any additional information, circumstances, or details you feel will aid in the evaluation of your application.

Your application must also include a photograph (digital or regular) of all applicants detailed within this application, and photos of the front and rear of the residence described in Section 3 of this application. [Please note: Photos may be provided on a standard high density disk, or standard commercial photograph paper. Whichever format, photos will only be returned if the self addressed, stamped, business-sized envelope includes enough postage for their inclusion.]

If you are applying under the paws4vets™ Program, you MUST include the following with this application;

- A completed, Post-Traumatic Stress Disorder Pre-Placement Assessment Form (Not Required of an adolescent Active-Duty Dependent applying for a Service Dog (physical limitation).

- A copy of your DD-214, if applicable.

Your application will be reviewed and your selection status provided within the shortest possible time. However, please be patient, as paws4people™ is a 100% volunteer organization, and it may take up to 2 weeks to process your application.

Please mail your completed application to: paws4people/Applications Committee, P.O. Box 491, Round Hill, VA 20142.

Your application must be received with a self addressed, stamped, business-sized envelope for use in returning your notification of application decision.



Criminal Background Disclosure Form

As part of our program you will be required to enter a federal prison. You will be **REQUIRED** to provide an Authorization for Release of Information (a Bureau of Prisons Form) as part of a security background check which will permit you to enter the prison. Provide the following information.

Failure to provide complete and truthful information **WILL** result in your application being denied, or if learned after you have received your dog, the dog **WILL** be removed from your custody.

Applicant Lastname	Applicant Firstname	Applicant Initial
Street Address		City, State, ZIP

I have NEVER been indicted, arrested and/or convicted of a Misdemeanor or Felony.

I have been indicted, arrested and/or convicted of a Misdemeanor or Felony. Provide a detailed description of the offense, age when offense was committed, details of the conviction, terms of sentence, and the name of the Court which had jurisdiction over the offense. Provide the information in the space below - if additional space is required attached to this form.

[Caution: Do not make the mistake of assuming your indictment, arrest and/or conviction have been "expunged."]

I affirm and swear that the information I have provided is truthful and correct. I understand that if information is obtained by paws4people™ substantiates an omission of fact or proves information I have provided to be false, my application **WILL** be denied, and if this situation arises after I have received my Assistance Dog it **SHALL** be grounds for the removal of the Assistance Dog from my custody.

PPC Signature:

PPC Printed Name:

Date:



**AUTHORIZATION FOR RELEASE OF INFORMATION
NCIC (National Crime Information Center) CHECK**

BP-S660.012 **NCIC CHECK** CDFRM
MAR 99
U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

**AUTHORIZATION FOR RELEASE OF INFORMATION
NCIC (National Crime Information Center) CHECK**

I hereby authorize a representative of the Federal Bureau of Prisons to obtain any information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at any Bureau facility. I also understand that refusal to provide all necessary information may result in 1.) denial of entry into a Bureau facility and 2.) denial of volunteer/contract status.

1. Name (Last, First, Middle):	
2. Address (Street Address) (City, State, County, Zip Code):	
3. Home Telephone Number (Area Code, Number):	
4. Aliases / Nicknames:	
5. Citizenship (List the country you are a citizen of):	
6. Social Security Number:	
7. Date of Birth (Month, day, year):	
8a. Sex:	8b. Race:
8b. Height:	8d. Weight:
8e. Color of Eyes:	8f. Color of Hair:
9. Place of Birth (City, State, County), (List city, county and country if outside the U.S.A.):	
10. The above listed information is true and correct. Applicant's Signature	10a. Date

Privacy Act Notice

Authority for Collecting Information: E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519'; and 5 USC 3301

Purpose of Uses: Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Non-disclosure: Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.



Request for General Medical Records Release and Authorization for Use or Disclosure of Protected Health Information

1. Please complete the following information:

Patient Name:	
Address:	
Home Phone:	Cell Phone:
Social Security Number:	Date of Birth:

2. Purpose of Request:

<input checked="" type="checkbox"/> Consultation with Primary Medical Provider to discuss Service Dog Placement

3. Physician(s) authorized to consult with the paws4people™ foundation:

Primary Medical Provider:	
Complete Mailing Address:	
Phone Number:	Fax Number:
E-mail address:	

Physician's Name (Primary Psychological or counseling Provider):	
Complete Mailing Address:	
Phone Number:	Fax Number:
E-mail Address:	

4. Organization/persons authorized to consult with my/my child's physician:

Person/Organization Name: paws4people™ foundation Terry Henry Allison Kaminsky	
Address: P.O. Box 491 Round Hill, VA 20142-0491	
Phone: Terry Henry: 703.727.9326 Allison Kaminsky: 571-228-8266	Fax: Terry Henry: N/A Allison Kaminsky: 703-995-4427
E-mail Addresses: Terry Henry: therry@paws4people.org Allison Kaminsky: akaminsky@paws4people.org	

5. Information to be Released:

<input checked="" type="checkbox"/> All records	<input checked="" type="checkbox"/> Laboratory/pathology records	<input checked="" type="checkbox"/> X-ray/radiology records
<input type="checkbox"/> Billing records	<input checked="" type="checkbox"/> Abstract/Summary	<input checked="" type="checkbox"/> Pharmacy/prescription record
<input checked="" type="checkbox"/> Progress Notes	<input checked="" type="checkbox"/> Consultation Reports	<input checked="" type="checkbox"/> Other

**Note: If these records contain any information from previous providers or information about HIV/AIDS status, cancer diagnosis, drug/alcohol abuse, or sexually transmitted disease, you are hereby authorizing disclosure of this information.*

6. Time Limit & Right to Revoke Authorization

Unless revoked, this authorization will be valid until the information is released. To revoke my authorization, I must submit in writing to paws4people™ P.O. Box 491 Round Hill, VA 20142-0491.

Authorization:

In order to better facilitate placement of my/my child's Service Dog, I hereby authorize Dr. _____ to communicate with members of the paws4people™ foundation Service Dog Placement Team regarding my/my child's medical condition in order to determine my/ my child's ability to obtain and care for a Service Dog. I authorize discussion of my/my child's

complete medical history in order to provide a complete review of my/my child's diagnosis, treatment interventions, and future outcomes.

Signature of patient or patient Representative:	Date:
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Printed name of patient Representative (i.e, parent or guardian, power of attorney for healthcare, executor):



Public Awareness Campaign

Executive Summary

Allison Kaminsky
Director K-9 Operations
paws4people™ foundation

paws4people™ asks each Private Placement Client to conduct a Public Awareness Campaign. The primary goal this Public Awareness Campaign is education. By teaching the general public about the benefits Assistance Dogs provide to individual with physical, neurological, psychiatric and/or emotional disabilities communities will become more aware of and accepting of Assistance Dogs. The impact of your own personal story in achieving this goal is invaluable.

I attended an event with a Client and I cannot begin to explain the importance of the Client's presence (dog by their side) in sharing their own personal journey to obtaining their Assistance Dog had on the attendees of the event. I don't think I'll ever forget this one particular group of ladies surrounding the Client and his dog who were nothing less than amazed by what this dog was doing for this particular Client. I was standing several feet away from the group but I could literally feel the empathy these ladies exhibited for the Client and his situation. My elephant ears caught most of the conversation. The group of ladies gained an excellent understanding of the benefits of Assistance Dogs directly from the Client who was able to share his story with them. The Client walked away from the event with confidence and pride in being able to share his story with strangers!

The secondary goal of the Public Awareness Campaign is to raise funds for paws4people™. Fundraising is completely voluntary. The placement of your Assistance Dog will NOT be affected by your fundraising efforts. Raising funds helps the organization to accomplish its mission; to increase the number of Assistance Dogs available for placement with individuals with physical, neurological, psychiatric and/or emotional disabilities. The funds for your dog have been raised through the Public Awareness Campaigns of previous Clients.

Should you choose to participate in fundraising efforts, the funds you raise will go towards acquiring, training, maintaining, and placing the next Private Placement Client's Assistance Dog.

There are two aspects of the Public Awareness Campaign that will require your participation:

Blogging - This form of journaling is intended to be a therapeutic activity for you. Our expectations for your blogging "posts" will simply be your interactions with your potential dog and what you are gaining emotionally from these experiences. We will ask you to provide one posting per week for the first 3 months, 1 posting per month for the subsequent 9 months, and then 1 posting per calendar quarter thereafter. Each posting shall include at least one current photograph of your dog and the significant event(s) that occurred during the respective time period the posting is covering as well as any feelings and/or comments you desire to include.

Public Relations Appearances - This activity is also intended to be a therapeutic activity for you. You will gain self-confidence and self-esteem when you are able to talk to the general population about your dog and what your dog is doing for you. The most important thing for you to remember is to know that we will never ask you to do anything that you are not ready to do. We will ask you to participate in up to 5 Public Relations events sponsored by paws4people™ during the first 12 months of your dog's placement. Travel expenses incurred for attendance to these events will be reimbursed by paws4people™.

paws4prisons™ Appearances - You will be required to visit, on at least two occasions, the Federal prison training facility where your dog is being trained. The two occasions will be for your "K-9 Bump" where potential Assistance Dogs will be introduced to you, and for the Graduation Ceremony, where "the leash" to your Assistance Dog will be handed over to you by the program inmate trainer(s) of your Assistance Dog. Travel expenses incurred for attendance to these events will NOT be reimbursed by paws4people™.

Every paws4people™ Private Placement Client is different; therefore, every Public Awareness Campaign will evolve on an individual basis. Select a method of conducting your Public Awareness Campaign that best suits your personality. The following are strategies that you may choose to achieve the goals and objectives of your Public Awareness Campaign. An additional detail, terms and conditions, polices and procedures may be found in the Public Awareness Campaign Manual.

1. General Public Involvement:

Give everyone you meet or come into contact with your "Business Card" or Dog's "Business Card." On the business card list your name, your dog's name, and your profile URL, i.e., www.Samantha.paws4people.org.

Volunteer at a local hospital, school, substance abuse center, or PTSD Support Group with your dog

Become a Veteran's Advocate

2. E-mail Campaign:

Compose an e-mail about your story and your journey to obtaining an Assistance Dog. Refer family, friends, associates, and other military units via e-mail to your paws4people™ sponsored website (e.g.,

www.Samantha.paws4people.org) where they will be able to make tax-deductible donations, in your honor, on-line. Ask your friends, family, and associates to e-mail their friends, family, and associates and refer them to your website.

- 3. **Blogging:** please see above
- 4. **Public Relations Appearances:** please see above
- 5. **Public Events:**

Local festivals, non-profit shows, PTA's, etc. provide opportunities for you and your dog to interact with the general public. These events are a great forum for the distribution of literature and may even present an opportunity to do a "dog demo."

- Give a presentation about paws4vets™ at a local high school, college or other venue.
- Organize a 5K in your community.

6. **Social Networking:**

Create a presence for yourself on a social-networking site such as; Facebook, Myspace, Twitter, Community of Veterans, etc...

Join our Cause on Facebook: <http://apps.facebook.com/causes/350793/51836533?m=6d54c0aa>. Ask your friends to join.

7. **Corporate Sponsorship Campaigns:** Local for-profit companies or organizations such as, real estate companies, gas stations, restaurants, hair salons, dog groomers, doggie daycare, etc. are generally interested in supporting a "good cause" with a unique story. Simply ask them if they would be interested in conducting a fundraising event on your behalf.

8. **Non-Profit Organization Education Campaigns:** Non-profit groups such as; Rotary Clubs, Kiwanis Clubs, VFW Posts, American Legion Posts, Church groups (Men's Club/Women's Club), Boy/Girl Scout Troops, PTAs, University Service Organizations, Greek Organizations, etc., are always looking for guest speakers or people to just come in and talk with them about other organizations. If you cannot talk about yourself, tell them about paws4people™ or paws4vets™, or your Assistance Dog.

9. **Media:** Getting your story "out there" will give our next client the confidence to approach our organization for help. Local newspapers, radio and TV stations love "human Interest" stories. Young reporters are always looking for a scoop. If you or any of your contacts know a freelance Journalist or Author, contact them to see if they would be interested in helping you by writing a story about you and your dog.

10. **Imagination:** Use your imagination: anything that you and your dog can do in your community (or at the state or national level) will increase the level of awareness for the benefits of utilizing Assistance Dogs within the disabled community, specifically, children with disabilities and with Veterans and active-duty military with from PTSD, Complex-PTSD and/or TBI. We only ask that before you try something really off-the-wall, check with your paws4vets™ Point of Contact.

Please let us know if you have any questions or concerns regarding your Public Awareness Campaign. We are more than happy to assist you in any way as you begin your campaign for our future clients!

Kindest Regards,
Allison Kaminsky
Director K-9 Operations
paws4people™ foundation

I have read and understand the Summary of the paws4people™ Public Awareness Campaign. If selected to receive a paws4people™ Assistance Dog, I hereby agree to conduct my PAC to the best of my abilities and in accordance with its' Terms & Conditions / Policies & Procedures.		
PPC Signature:	PPC Printed Name:	Date: