



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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YES	NO	Is the PPC aware of this request?	If NO, why?:
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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
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.?	

Will the Dog ever be tied up or chained while outdoors?

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.



**POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form**

Submission of this form is required **ONLY** for applications for
Service Dogs [Psychiatric PTSD/C-PTSD], or
Rehabilitative Assistance Dogs [PTSD]

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

First Name:	Last Name:	Age:	Gender: M / F
Street Address:	City:	State:	ZIP
Main Phone Number:	Fax Number (if applicable):	E-MAIL Address:	

Note: This information MUST match Sections 1 & 3 of the General Application EXACTLY.

Please indicate "Yes" or "No" for each of the following questions. If additional information is required for a particular question please so indicate.

Event 1 Have you personally experienced or witnessed combat?

YES [] NO []

Specify Combat Theater(s):

Specify timeframe when in Theater (year): From _____ To _____

Specify timeframe when in Theater (year): From _____ To _____

Specify timeframe when in Theater (year): From _____ To _____

Event 2 Have you personally experienced or witnessed a life-threatening event that caused you intense fear, helplessness or horror?

YES [] NO []

Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 3 Have you personally experienced or witnessed a severe accident/incident (i.e., plane crash, multiple-vehicle accident, etc.) which resulted in the death of another person(s) which caused you intense emotional distress?

YES [] NO []

Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 4 Have you personally been involved in a severe accident/incident in which you received life-threatening injuries?

YES [] NO []

Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 5 Have you been told by a medical doctor that you have a life-threatening medical diagnosis?

YES [] NO []

Event A (year): _____ Event B (year): _____ Event C (year): _____



POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form

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Event 6 Have you personally experienced or witnessed a natural disaster, i.e., earthquake, hurricane, etc.?
YES [] NO []
 Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 7 Have you personally experienced or witnessed a natural disaster, i.e., earthquake, hurricane, etc.,
YES [] NO [] in which you personally observed the death of another person(s)?
 Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 8 Have you personally experienced or witnessed a terrorist attack or incident?
YES [] NO []
 Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 9 Have you personally experienced or witnessed a terrorist attack or incident in which you personally
YES [] NO [] observed the death of another person(s)?
 Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 10 Have you personally been kidnapped?
YES [] NO []
 Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 11 Have you personally been "held" against your will by a person(s) in a position of absolute control
YES [] NO [] over you?
 Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 12 Have you personally been tortured or severely physically assaulted by a person(s) in a position of
YES [] NO [] absolute control over you?
 Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 13 After the age of 15, have you personally been the victim of rape, armed robbery, or aggravated
YES [] NO [] assault?
 Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 14 Prior to the age of 15, have you personally been the victim of rape, armed robbery, or aggravated
YES [] NO [] assault?
 Event A (year): _____ Event B (year): _____ Event C (year): _____



POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form

Submission of this form is required **ONLY** for applications for
 Service Dogs [Psychiatric PTSD/C-PTSD], or
 Rehabilitative Assistance Dogs [PTSD]

Event 15 After age of 15, have you personally been the victim of physical, sexual or emotional abuse at the hand of a spouse, significant other, or any other person?
YES [] NO []

Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 16 Prior to the age of 15, have you personally been the victim of physical, sexual or emotional abuse at the hand of a spouse, significant other, or custodial authority figure?
YES [] NO []

Event A (year): _____ Event B (year): _____ Event C (year): _____

Event 17 Prior to the age of 15, did you experience the non-natural death of either of your parents?

YES [] NO [] Event A (year): _____ Event B (year): _____

Event 18 Prior to the age of 15, did you experience extreme community violence, i.e., random drive-by shootings, exposure to violent crime scenes, etc.?
YES [] NO []

Event A (year): _____ Event B (year): _____ Event C (year): _____

Keeping in mind each of the event(s) indicated with a “Yes” above, have you ever, are you currently experiencing or have you ever experienced any of the following:

YES [] NO [] Repeated, distressing memories and/or dreams?

I am currently experiencing repeated, distressing memories and/or dreams.

Following the event(s) I experienced repeated distressing memories and/or dreams concerning one or more of the events indicated above.

Approximate Year _____ Approximate Timeframe (years): _____ to _____

YES [] NO [] Acting or feeling as if the event were happening again (i.e., flashbacks or a sense of reliving the event)?

I am currently experiencing flashbacks. Frequency: _____

Following the event(s), I experienced Flashbacks concerning one or more of the events indicated above.

Approximate Year _____ Approximate Timeframe (years): _____ to _____



**POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form**

Submission of this form is required **ONLY** for applications for Service Dogs [Psychiatric PTSD/C-PTSD], or Rehabilitative Assistance Dogs [PTSD]

YES [] NO [] Intense physical and/or emotional distress when you are exposed to situations or places that reminds you of the event?

I am currently experiencing intense physical and/or emotional distress when I am exposed to situations or places that remind me of the event(s).

Following the event(s) I experienced intense physical and/or emotional distress when I was exposed to situations or places that reminded me of the event(s).

Approximate Year _____ Approximate Timeframe (years): _____ to _____

Keeping in mind, each of the event(s) indicated with a “Yes” above, have you ever, are you currently experiencing or have you ever experienced any of the following:

YES [] NO [] Avoiding thoughts, feelings, and/or conversations about the event(s)?

I am currently avoiding thoughts, feelings, and/or conversations about the event(s)?

Following the event(s), I avoided thoughts, feelings and/or conversations about the event(s).

Approximate Year _____ Approximate Timeframe (years): _____ to _____

YES [] NO [] Avoiding activities, places, or people who remind you of the event(s)?

I am currently avoiding activities, places, and/or people that remind me of the event(s).

Following the event(s), I avoided activities, places, and/or people that reminded me of the event(s).

Approximate Year _____ Approximate Timeframe (years): _____ to _____

YES [] NO [] “Blanking Out” or being unable to remember important aspects of the event(s)?

I am currently “blanking out” or am unable to remember important aspects of the event(s).

Following the event(s), I “blanked out” or was unable to remember important aspects of the event(s).

Approximate Year _____ Approximate Timeframe (years): _____ to _____

YES [] NO [] Losing interest in significant activities of your life (activities which used to be important to you)?

I am currently NOT interested in significant activities which used to be important to me.

Following the event(s) indicated above I lost interest in significant activities in my life.

Approximate Year _____ Approximate Timeframe (years): _____ to _____



**POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form**

Submission of this form is required **ONLY** for applications for Service Dogs [Psychiatric PTSD/C-PTSD], or Rehabilitative Assistance Dogs [PTSD]

YES [] NO [] **Feeling detached from other people?**

I am feeling detached from other people.

Following the event(s) I felt detached from other people.

Approximate Year _____ Approximate Timeframe (years): _____ to _____

YES [] NO [] **Feeling your range of emotions is restricted? (You feel you are not allowed to feel certain ways or have certain feelings.)**

I currently feel that I am NOT allowed to feel certain ways or have certain feelings.

Following the event(s), I felt that I was NOT allowed to feel certain ways or have certain feelings.

Approximate Year _____ Approximate Timeframe (years): _____ to _____

YES [] NO [] **Sensing that your future was shrinking away or limited in some way (for example, you don't expect to have a career, a marriage, children, or an average life span)?**

I currently feel as though my future is shrinking away or is limited.

Following the event(s) I felt as though my future was shrinking away or was limited.

Approximate Year _____ Approximate Timeframe (years): _____ to _____

Keeping in mind, each of the event(s) having a "Yes" above, did you ever:

YES [] NO [] **Have such intense or severe feelings that you attempted suicide?**

Keeping in mind, each of the event(s) indicated with a "Yes" above, have you ever or are you currently experiencing any of the following:

YES [] NO [] **Problems sleeping?**

I am currently experiencing problems sleeping.

Following the event(s) I experienced problems sleeping.

YES [] NO [] **Periods of irritability or outbursts of anger?**

I am currently experiencing periods of irritability or outbursts of anger.

Following the event(s) I experienced periods of irritability or outbursts of anger.



**POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form**

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Service Dogs [Psychiatric PTSD/C-PTSD], or
Rehabilitative Assistance Dogs [PTSD]

YES [] NO [] **Problems concentrating or focusing my attention?**
 I am currently experiencing problems concentrating or focusing my attention.
 Following the event(s) I experienced problems concentrating or focusing my attention.

YES [] NO [] **Feelings of being "on guard" or defensive?**
 I am currently experiencing feelings of being "on guard" or defensive?
 Following the event(s) I experienced feelings of being "on guard" or defensive.

YES [] NO [] **Frequent, unwarranted, exaggerated and/or startled responses?**
 I am currently experiencing frequent, unwarranted, exaggerated and/or startled responses.
 Following the event(s) I experienced frequent, unwarranted, exaggerated and/or startled responses.

Having more than one illness at the same time can make it difficult to diagnosis and treat the different conditions/symptoms of PTSD. Illnesses that sometimes complicate an anxiety disorder include depression and/or substance abuse. With this in mind, please answer the following questions:

YES [] NO [] Have you experienced changes in sleeping or eating habits over the past 2-3 months?

More days than not, do you feel:

YES [] NO [] Sad?

YES [] NO [] Depressed?

YES [] NO [] Guilty?

YES [] NO [] Worthless?

YES [] NO [] Disinterested in life?

During the last year, has the use of alcohol or drugs:

YES [] NO [] Resulted in you failing to fulfill responsibilities with work, school, or family?

YES [] NO [] Placed you in a dangerous situation, such as driving a car while under the influence?



**POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form**

Submission of this form is required **ONLY** for applications for
Service Dogs [Psychiatric PTSD/C-PTSD], or
Rehabilitative Assistance Dogs [PTSD]

YES [] NO [] Gotten you arrested?

YES [] NO [] Continued, despite causing problems for you and/or your loved ones?

During the last year, have you:

YES [] NO [] Attempted Suicide?

YES [] NO [] Gotten into more than one physical altercation with a friend or family member?

YES [] NO [] Gotten into more than one physical altercation with any person?

YES [] NO [] Become separated or divorced from a spouse/significant other?

During the last year, have

YES [] NO [] Experienced the death of a loved one (human)?

Describe relationship:

YES [] NO [] Experienced the death of a pet?

Type of and Name of Animal:

Indicate how each of the following statements applies to you:

YES [] NO [] My parents divorced or separated prior to my 15th birthday.

YES [] NO [] My parents divorced or separated after my 15th birthday.

YES [] NO [] During the event(s) I had a supportive family and/or a wide network of friends.

YES [] NO [] I currently have a supportive family and/or wide network of friends.

YES [] NO [] I was raised in a "broken home," a foster home, or other custodial environment.

YES [] NO [] I like dogs, and have experienced the canine-human bond.



**POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form**

Submission of this form is required **ONLY** for applications for Service Dogs [Psychiatric PTSD/C-PTSD], or Rehabilitative Assistance Dogs [PTSD]

I have been medically diagnosed as having:

YES [] NO [] Post-Traumatic Stress Disorder (PTSD).

Date Diagnosed:

Location where Diagnosis was obtained (name of medical facility):

YES [] NO [] Complex-Post-Traumatic Stress Disorder (C-PTSD).

Date Diagnosed:

Location where Diagnosis was obtained (name of medical facility):

YES [] NO [] Other Significant and/or Concurrent medical or psychological Diagnoses.

Diagnosis:

Date Diagnosed:

Location where Diagnosis was obtained (name of medical facility):

YES [] I have NEVER been diagnosed as having either PTSD or C-PTSD.

If you have been diagnosed with PTSD, C-PTSD or any other medical or psychological condition, please provide the following information:

Primary Medical Provider Information:				
First Name:		Last Name:		Title:
Name of Practice				
Street Address:		City:	State:	ZIP
Main Phone Number:	Fax Number (if appropriate):		E-MAIL Address:	



**POST-TRAUMATIC STRESS DISORDER
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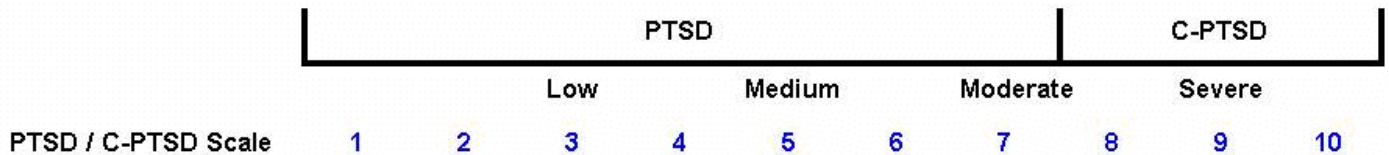
Primary Psychological or Counseling Provider Information:

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

If you have been diagnosed with PTSD, C-PTSD or any other medical or psychological condition, please provide a list of the medications you are taking:

List Name of Medication, dosage and frequency for EACH.

Self Assessment: On the illustrative scale below, please circle the number that corresponds to where you think you are within the PTSD/C-PTSD continuum:



Please use the following definitions to ensure you are requesting the correct type of Assistance Dog:

Service Dog [Psychiatric – PTSD] (moderate to severe PTSD / C-PTSD – Level 6 - 9): This type of dog is trained to the advanced obedience and advanced Assistance Dog level. The dog may then be “custom trained” to fit the exact needs/requirements of its Placement Candidate. This type of dog provides the human-animal bond which will assist the Placement Candidate with their recovery from PTSD, as well as provide the candidate with specific tasks to fit the needs/requirements of the candidate. This type of dog will be placed with the Placement Candidate as a Service Dog, and will then live with the Placement Candidate on a permanent basis, continuing to provide years of assistance with the Placement Candidate’s PTSD issues. This type of dog will have full ADA Public Access rights (Public Access Certified) which will allow the Placement Candidate to take their dog wherever they wish.



**POST-TRAUMATIC STRESS DISORDER
Pre-Placement Assessment Form**

Submission of this form is required **ONLY** for applications for Service Dogs [Psychiatric PTSD/C-PTSD], or Rehabilitative Assistance Dogs [PTSD]

A Rehabilitative Assistance Dog [PTSD] (low to medium PTSD – Level 3 - 6): This type of dog is trained to the intermediate or advanced obedience level. This type of dog provides the human-animal bond which will assist the Placement Candidate with their recovery from PTSD. This type of dog will be placed with the Placement Candidate as a Companion Dog, and will then live with the Placement Candidate on a permanent basis, continuing to provide years of assistance with the Placement Candidate’s PTSD issues.

Terms & Condition for the Placement of an Assistance Dog.

I hereby acknowledge and affirm that all information provided within this application is true and accurate. I 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 further understand that the possession of the dog is at the sole 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 the best interest of either paws4people™ or that of the dog, possession can be reverted back to paws4people™ and 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.** This application may be approved/declined at the sole and exclusive determination of paws4people™. The reasons, rationale, and/or basis for said decisions shall be the sole and exclusive property of paws4people™, **and may or may not be disclosed.**

I have read and understand these terms and conditions and agree to abide by them:

Signature:	Printed Name:	Date:

INSTRUCTIONS:

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 for an adolescent Active-Duty Dependent applying for a Service Dog (due to a physical limitation)).

A copy of your DD-214, if applicable.

Your application will be reviewed and your selection status provided within the shortest time possible. However, please be patient, as paws4people™ is staffed 100% by volunteers and it may several days to two-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 size 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.



Public Awareness Campaign

Executive Summary by Allison Kaminsky
Director, Medical Evaluation Team

paws4vets™ 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 Psychiatric Service Dogs and Psychiatric Rehabilitative Assistance Dogs provide to Veterans and Active Duty Military personnel with PTSD, Complex-PTSD, and/or Traumatic Brain Injury communities will become more 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 his presence (dog by his side) in sharing his own personal journey to obtaining his 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 Veteran. 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 a Veteran 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; quite the milestone for a client with PTSD!

The secondary goal of the Public Awareness Campaign is to raise funds for paws4vets™. 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 are constantly re-evaluating your case in collaboration with your primary mental health care provider in order to provide you with appropriate support throughout your Assistance Dog placement. I will personally discuss public relations appearances with you in detail prior to the event in order to determine possible triggers or stressors during the event. We will also work to define a "safe place" prior to starting the event. You will always be empowered to do what is best for you in any given situation. We will ask you to participate in up to 5 Public Relations events sponsored by paws4vets™ during the first 12 months of your dog's placement. Travel expenses incurred for attendance to these events will be reimbursed by paws4vets™.

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 paws4vets™.

Every paws4vets™ 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. Additional details will be provided upon your request.

1. General Public Involvement:

Give everyone you meet or come into contact with your "Business Card" or Dog's "Business Card." You can obtain 500 "free" business cards through the Community of Veterans web site. On the business card list your name, your dog's name, and your profile URL, i.e., www.Buf.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 paws4vets™-sponsored website (e.g., www.Ryan.paws4vets.org) where they will be able to make tax-deductible donations, in your honor, on-line. Ask your friends, family, associates and other military units 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, Medical Evaluations Team
paws4vets™
akaminsky@paws4vets.org

I have read and understand the Summary of the paws4vets™ 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: