



Dear Veteran,

Thank you for your interest in Leashes of Valor, an organization which provides veterans who became disabled while serving our country since 9/11/01 with quality trained service dogs for Post-Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), military sexual trauma (MST). Applicants must have a verified clinical diagnosis PTSD, TBI, or MST in order to qualify for our program.

Our program covers a crucial gap in the industry-the Veteran owned and operated organization, that can assist the veterans with their recovery through first-hand knowledge of the industry as well as the challenges the veterans face daily. A veteran centric approach. The program is based on the quality of training when the Service Dogs are paired to begin work with their veteran. These Service Dogs reduce the symptoms associated with PTSD and TBI in our veterans, symptoms that can often lead to suicide. These dogs are highly trained to key on the veterans' disabilities, by providing "alerts" to these symptoms, ensuring that the highest level of obedience and quality of training is achieved, before the dog leaves the program. A promise to ensure our veterans receive a Service Dog that can mitigate their disabilities without any temperamental or behavioral issues.

We understand that our application is very detailed and lengthy, but please do not let this deter you from applying to our program. We provide you with a top-quality service dog, free of charge to you. The application allows us to know more about you, your life and the ways in which a service dog can assist you. Honesty and accuracy are integral aspects for a successful training and pairing with a service dog.

In order to qualify for our program you must meet the following basic criteria (other acceptance criteria may be required on a case-by-case basis): (i) military service after September 11, 2001, (ii) verifiable diagnosis of PTSD, TBI, and/or MST or conditions linked to these diagnoses (iii) honorable discharge or current honorable service; (iv) stable living environment, (v) free of substance abuse, (vi) not have a conviction of any crime against animals, and (vii) not have more than two dogs in your home.

Please be advised that your caregiver is not allowed to attend the program with you. For your safety and that of others, accepted applicants are not allowed to bring firearms onto Leashes of Valor property. Please leave any firearms, knives, or other weapons at home.

Once we receive your complete application it is reviewed by a committee and an acceptance decision is made within 2 weeks. You will need to complete and submit all supporting documents within 30 from the application, or your application will be considered incomplete and not be eligible for acceptance into the program, until another application is filled out with the necessary documents. It is ideal to submit a complete application packet all at once rather than submitting only portions at a time.

Thank you for your service and your interest in Leashes of Valor.
Respectfully,

Danique Masingill
President

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APPLICATION FOR WARRIOR

To apply for a service dog from Leashes of Valor, the following are required:

1. Completed application. _____
2. Email current photo to _____
3. Official Signed Letter from your medical doctor, psychiatrist, psychologist, or licensed mental healthcare professional verifying your PTSD/TBI/MST diagnosis and any other mental health and/or health diagnoses relevant to your participation in this program. This letter **MUST** also verify your physical and mental fitness to participate in our 16 day program. **BE ADVISED, this letter must be current. Letters which are dated more than 60-days prior to the date on your application will not be accepted.**

4. DD Form 214 (Member-4 ONLY) _____
5. If still active duty, you will need to provide command authorization. _____
6. Initial all pages next to page number. _____

Please sign and date to acknowledge you have completed the application in full.

Applicant Signature: _____ Date: _____

*******Please be advised that upon graduation of our service dog program, you will be required to complete recertification and all follow-up requirements.*******

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Sign: _____ Date: _____

**Application Form
(All fields required)**

Section 1. APPLICANT INFORMATION

Full Name: _____
Last First Middle Maiden

Social Security Number: _____
(SSN is required for background check purposes, applications missing social security numbers will be rejected.)

Birth Date (MM/DD/YY): _____

Age _____ Height _____ Weight _____

Gender _____

Current Address
(Dates - _____ to present)

Street Address Apartment/Unit #

City County State ZIP Code

Previous Address **(Required)**
(Dates - _____ to _____)

Street Address Apartment/Unit #

City County State ZIP Code

Initial Here _____



Home Phone: _____ Cell Phone: _____

Primary E-mail Address: _____

Marital Status: Single Married Separated Divorced
 Widowed Domestic Partnership

Emergency Contact Name: _____

Relationship to you: _____

Phone number: _____

This application must be IN THE WORDS OF THE PERSON WHO WILL USE THE DOG. If writing is difficult, please provide name, contact information, and relationship of person transcribing your words.

Section 2. HOUSEHOLD

How many people live in your household? _____

Please give names/ages/relationship to you:

Is anyone in your home allergic to dogs? Yes No

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Do you have pets? _____ How many? _____

Please list name, breed and age of pets:

Veterinarian: _____

Phone: _____

Would you be willing to relocate current pet if they are not suitable to get along with a service dog?

Yes No

Do you own or rent your home? Own or Rent

Describe your home and neighborhood (house, apartment, mobile home, size of yard, city, suburb, country, etc.)

Do you have a fence around your yard? Yes No

Is your home fully accessible to you? Yes No

Initial Here _____



Section 3. MILITARY INFORMATION

REQUIRED

Branch(es) of Service: _____

Rank: _____ Pay Grade: _____

MOS/Rate: _____

Entered service (date): _____ Discharged (date): _____

Type of Discharge: _____

Service History: Please list your last four duty stations **inside** the United States (i.e. Fort Bragg, NC) and the dates.

1. Location _____ Dates: _____ to _____

2. Location _____ Dates: _____ to _____

3. Location _____ Dates: _____ to _____

4. Location _____ Dates: _____ to _____

Foreign Service History: Please list deployments **outside** the United States (i.e. Iraq) and the dates.

1. Location _____ Dates: _____ to _____

Initial Here _____



2. Location _____ Dates: _____ to _____

3. Location _____ Dates: _____ to _____

4. Location _____ Dates: _____ to _____

Section 4: BIOGRAPHY

Please include a short bio (up to one page) for your file:

1. Please tell us about yourself. Include a description of a typical day in your life.





Section 5. WORK/EDUCATION

Highest level of education: _____

Educational degrees: _____

Are you presently employed? Yes No

Are you planning to attend college? Yes No

Fulltime or Part-time (# hours per week) _____

Employer: _____

Describe your work environment (large/small office, high rise, downtown, suburban, rural location, indoors, outdoors, etc.)

If not presently working, do you plan on becoming employed?

In your own words, describe how a service dog will assist you to be more independent and more productive both at home and in your community – please be as specific as possible. Attach an additional sheet if necessary.

Initial Here _____



Section 6. TRANSPORTATION

Do you have a current and valid driver's license? Yes No

Do you drive yourself? Yes No

If no, who is your primary driver?

Do you have daily access to transportation? Yes No

If no, what is your primary means of travel?

Do you have an adaptive vehicle? (if so, explain type: hand controlled auto, hand controlled van, van with a lift, etc.)

Section 7: MEDICAL/MENTAL HEALTH INFORMATION

Please be as specific as possible, as this section aids us in assigning and training a service dog that will be most suited for your conditions.

Primary Diagnosis: _____

Date of Onset or Diagnosis (MM/DD/YY): _____

Initial Here _____



Secondary Diagnosis: _____

Date of Onset or Diagnosis (MM/DD/YY): _____

Do you receive VA medical services? Yes No

What is your primary disability?

Please describe and rate your physical strength (can't walk long distances, can't lift over XYZ lbs., etc) :

Medications: _____

Do you have any allergies to medication? Yes No

If yes, please list: _____

Dominant Hand: _____ Right _____ Left

Do you have a history of falling? If so, how often?

Primary Physician - Name: _____

Primary Physician - Phone: _____

Initial Here _____



Adaptive Equipment Being Used (please list specific details, if applicable, in the space provided for each assistive device):

Wheelchair (Manual or Power): _____

Power 3-Wheel Cart: _____

Crutches: _____

Braces: _____

Prosthesis: _____

Cane (list frequency of use of which hand you hold the cane):

Walker: Type (specify): _____

Other: _____

How does your disability affect your daily life? What are your functional limitations?

Describe problems carrying items, problems walking distances, problems leaving home on your own, ability to be in crowds, ability to be in large groups, driving a car, and/or others.

Initial Here _____



Please describe any other limitations you may have such as mobility, reaction speed, balance, vision, speech, heat/cold sensitive, learning impairments, or anything else you feel we should know to understand to better accommodate your needs.

Do you handle any of the following by yourself? Please note if any of the following are done with assistance and who provides the assistance.

Routine medications: _____

Finances: _____

Housecleaning: _____

Meals: _____

Getting dressed: _____

Running errands: _____

Personal care: _____

Are you currently (or in the past) in treatment or have a history of an alcohol/substance abuse problem?

Yes No

Initial Here _____



If yes, please explain:

Do you have any food allergies? Yes No

Please describe: _____

In your own words, how would having a service dog help you with your mental health and psychological needs? Attach an additional sheet if necessary.

Initial Here _____



Section 8. LEGAL HISTORY

It is the policy of Leashes of Valor to conduct a background check on all applicants. Being charged with or convicted of a crime does not necessarily disqualify an applicant.

Have you been charged with any criminal offenses, INCLUDING traffic violations? Yes No

If yes, please explain _____

Have you been arrested at any time, for anything, in the last 36 months? Please list arrest(s) even if it did not result in a conviction.

If yes, please explain _____

Have you ever been convicted of any crimes, INCLUDING traffic violations? Yes No

If yes, please explain _____

Do you have a history of violence? Yes No

Have you ever become so angry/frustrated that you have struck someone? Yes No

Have you ever become so angry/frustrated that you have struck an animal? Yes No

Do you have a history of fighting? Yes No

Initial Here _____



Section 9. MISCELLANEOUS

Please comment on any obstacles or issues you feel need to be addressed in order for you to attend team training:

Have you ever been accepted to another service dog organization? Yes No

If yes, please provide the name of the organization and date of application:

Do you currently have a service dog from the aforementioned organization? Yes No

If no, please explain:

Have you ever been denied a service dog by an organization? Yes No

If yes, please provide the name of the organization, the reason for the denial, and date of denial:



What type of support is available to assist you with care of your service dog (veterinarian visits, feeding, bathing, etc.) in the event you are unable to perform these tasks both at home and at work or school?

How did you learn about Leashes of Valor?

Having a service dog also carries a financial responsibility, we estimate that this responsibility is approximately \$1200 per year. This takes into account veterinary expenses, food, and preventative medications. Based on this information, are you now and will you continue to be financially able to support your service dog?

YES NO Initials _____

Section 10. CONSENT TO CONTACT

I, _____, give consent for the individuals listed below to release to Leashes of Valor, information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside Leashes of Valor, and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home for a service dog.

Please list the names, addresses, and phone numbers of those who are applicable:

Primary Doctor & Phone Number: _____

Initial Here _____



Address/City/State/Zip: _____

Psychologist/Psychiatrist & Phone Number: _____
Address/City/State/Zip: _____

Veterinarian & Phone Number: _____
Address/City/State/Zip: _____

Personal Reference & Phone Number: _____
Address/City/State/Zip: _____

Personal Reference & Phone Number: _____
Address/City/State/Zip: _____

Section 11. CERTIFICATION AND SIGNATURE

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situation. I understand that my failure to provide complete, accurate, and honest information herein will permanently disqualify me from Leashes of Valor Service Dog program and will result in my immediate removal from either the program or waiting list.

I understand that Leashes of Valor must make some investigation into my background, and I hereby authorize Leashes of Valor to research and/or confirm any statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail or documentation is available concerning this application and the statements I

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made herein. I further acknowledge that Leashes of Valor is not a healthcare provider and is not subject to the privacy rules contained in the Health Insurance Portability and Accountability Act (“HIPPA”) and/or other state or federal privacy laws. Though these laws do not apply to Leashes of Valor, I understand that Leashes of Valor will make reasonable efforts to keep the contents of this application, any supporting documentation, and/or any information discovered during Leashes of Valor verification process confidential and will not share such information outside of Leashes of Valor without my written consent.

My signature below further authorizes Leashes of Valor to obtain criminal background information for the purposes of determining my ability to care for and protect a service dog if provided by Leashes of Valor. A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

Applicant Signature: _____ Date: _____

Initial Here _____