



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 3.



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 for 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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<input type="checkbox"/> YES	<input type="checkbox"/> 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:
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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.]



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 yard 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 paw4peole™, 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

Submission of this form is required **ONLY** for applications for
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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.,
 in which you personally observed the death of another person(s)?
YES [] NO []
 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
 observed the death of another person(s)?
YES [] NO []
 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
 over you?
YES [] NO []
 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
 absolute control over you?
YES [] NO []
 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
 assault?
YES [] NO []
 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
 assault?
YES [] NO []
 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
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Event 15 **YES [] NO []** 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?

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

Event 16 **YES [] NO []** 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?

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

Event 17 **YES [] NO []** Prior to the age of 15, did you experience the non-natural death of either of your parents?

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

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

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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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
Pre-Placement Assessment Form**

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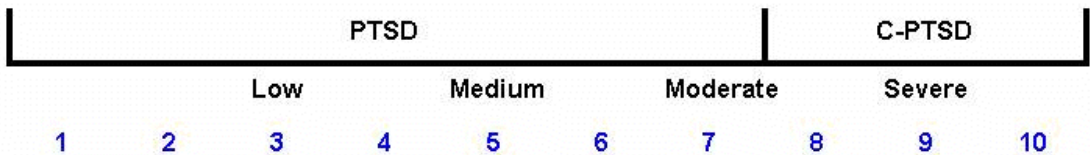
Primary Psychological or Counseling Provider Information:

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**

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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:
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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.



**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.