



Service Dog Application

Thank you for requesting a service dog from Greenawalds Service Inc. To qualify for a service dog under this program you need to have been discharged from the military with an honorable or medical discharge or past or present employment as a first responder.

Our service dogs are appropriate for individuals who are challenged with depression and post-traumatic stress.

Greenawalds Service Inc. is **not** currently providing service dogs for mobility disabilities, blind, hearing impaired, seizure or diabetic alert, or for the detection of peanuts. However, we may add this training later, check back.

To be considered for a service dog, please complete the following:

Submit a letter of recommendation written by someone outside your immediate family. The letter should explain why the person feels you would benefit from a service dog.

Submit the referral form found in this packet. Referrals by physicians or Psychiatrists is preferred, but from a master level social worker is acceptable.

Complete and sign this application.

Complete and sign the background check release form.

If you are a veteran, please include a copy of your DD-214 Military Discharge paperwork showing an honorable or medical discharge.

Please return this application along with the items listed above to:

Greenawalds Service Inc.

PO BOX 841095 Houston, TX 77284 OR Email to:

stacy@greenawaldsservice.com



Your application will not progress to the first stage of review until all the items listed above have been received. Your personal and veterinarian references will also be contacted.

Contact and Health Information

Applicant Name: _____

Applicant's Address:

County: _____

Phone: (Home)

_____ (Work) _____ (Cell) _____

E-Mail Address:

Birth Date: _____

Presently: _____ Student _____ Employed _____ Unemployed

_____ Retired _____ Other

Are you a veteran? _____ Yes _____ No

If yes, what are your dates of service? Start: _____ End:

Where did you serve?

Emergency Contact

Person/Telephone: _____



If employed, list occupation, employer, employers address, & name of supervisor.

May we contact your supervisor?

_____ Yes _____ No

Do you currently own and operate a motor vehicle?

Please list all the people residing in your home and their ages:

Please list the name, breed and age of any pets in the home or on your property (please include rabbits, reptiles and rodents):

Do you have any chickens or other farm animals on your property? Please describe.

Please provide your veterinarian's contact information:

Name _____

Phone: _____

E-mail: _____

Do you have any experience working with animals? If yes please explain:

Do you have a fenced yard? _____

What is the fence height? _____

Do you have an electronic fence?

_____ Yes _____ No



Have you ever been convicted of a misdemeanor, summary offense, or felony related to the abuse, mistreatment, neglect or harm to animals?

_____ Yes _____ No

If yes, describe in detail including the state and date in which the conviction was made: _____

Please provide 3 personal references that are NOT your family:

Reference 1 Name: _____

Phone: _____

E-mail: _____

Relationship: _____

Reference 2 Name: _____

Phone: _____

E-mail: _____

Relationship: _____

Reference 3 Name: _____

Phone: _____

E-mail: _____

Relationship: _____

Please provide your referring physician, psychiatrist or social worker's contact information:

Name: _____

Phone: _____

E-mail: _____

Work Address: _____



Background Check Authorization

DISCLOSURE: I give my permission to Greenawalds Service Inc. To obtain information from a criminal background check. The criminal history may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I further release and hold harmless Greenawalds Service Inc. from any and all claims and liability arising out of the request for background information by authorized parties. Greenawalds Service Inc. may request and rely upon the background check that we obtain from various reporting agencies. Under the FCRA, before Greenawalds Service Inc. can obtain a background check about you, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that background check, at your request you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency.

AUTHORIZATION: I have read and understand the foregoing Disclosure and authorize Greenawalds Service Inc. to obtain and rely upon a background check in considering me for the adopter of a service dog.

By my signature below, I authorize Greenawalds Service Inc. to obtain any such reports and to share the information received with any person involved in the placement decision about me.

Addresses for the past seven years: (include street, city, state, zip code) & Dates of Residence: _____

Date of Birth: _____ Social Security Number: _____

Other Names Used (including maiden name): _____

Years used: _____

Driver's License #: _____

State: _____



I have the right to request a copy of any records, pulled on me determining me ineligible. To request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which determined my eligibility.

I certify that all of elements of the person data I have provided are true, accurate and complete.

I understand and agree that any omission, false statement, misleading statement, or answers made by me on my application or any supplements to it and in any interviews will be grounds for rejection or acceptance as a service dog adopter.

Printed Name: _____

Applicant Signature: _____

Date: _____

Privacy of Information

Greenawalds Service Inc. respects the privacy of its applicants and recipients and all information is kept confidential, although files may be periodically reviewed by accreditation agencies.

Non-Discrimination

Greenawalds Service Inc. conducts its business and acceptance process in a manner that will not discriminate against anyone based on race, color, religion, gender, national origin, age, the presence of mental or physical disability, sexual preference, life expectancy, or whether the individual is a disabled veteran or veteran of any era. It is the policy of Greenawalds Service Inc. to treat everyone who always meets the organization with respect and dignity.



Policies

Complaint Policy for Non-employees

Any non-employee (volunteer/applicant/student/recipient/donor) who has a grievance concerning Greenawalds Service Inc. practices has the right to file a complaint according to procedures outlined in this policy.

Grievances may include, but are not limited to, a perception of violation of rights; quality of service; discrimination based on category of race, age, disability, etc.; or other matter. Complainants are always treated with dignity and respect, regardless of the nature of their complaint.

They will not be discriminated against, harassed, intimidated, or suffer any reprisal as a result of filing a complaint or participating in an investigation of a complaint. If any individual feels he or she has been subjected to any of the above, that person has the right to appeal directly to the Executive Director.

Affected parties should attempt to resolve the problem informally as soon as possible. Volunteers should discuss issues with the Volunteer Coordinator and applicants/students/recipients with their trainer. If a solution cannot be reached, the person may present a formal complaint, in writing, to the Executive Director. Formal complaints and responses to them will be documented and kept on file.

All complaints are handled in a timely manner. As a goal, Greenawalds Service Inc. attempts to resolve a complaint within 5 working days from the time of its initiation. If an extension of the time limit becomes necessary, all involved parties will be notified.

Fundraising

At no time will Greenawalds Service Inc. require applicants, students, or graduates to participate in fundraising or marketing activities.

Your participation in fundraising activities is completely voluntary.



Responsibilities

Service Dogs are trained to perform tasks that will aid you in managing your disability. They will also be trained to be well-mannered in both the home and in public. As part of the transition process from our care to yours, you will be required:

- to attend training sessions
- to take a Service Dog Certifying exam.

You will not be given a service dog vest or identification card until you and your dog partner can pass the exam Together.

Owning a service dog is a substantial commitment. You should expect:

- To follow-up with a trainer via phone or email - daily for the first week, weekly for the first month, and monthly for the first 6 months of the partnership.
- To attend a re-certification session every year.
- To provide for your dog's health needs, including monthly heartworm preventive, flea/tick preventive, annual veterinary examination and necessary vaccinations, grooming and emergency veterinary care.
- To provide a copy of your dog's medical records to Greenawalds Service Inc. at your yearly re-certification.

I have read and understand this application. I have supplied information that to the best of my knowledge is up to date and accurate.

Applicant's Signature: _____

Date: _____

Please mail or e-mail this completed form as soon as possible to:

Greenawalds Service Inc.

PO BOX 841095

Houston, TX 77284

OR

stacy@greenawaldsservice.com



For Office Use

Confirmation of Disability and Readiness for a Service Dog Client:

The above client has applied for a service dog to assist them with challenges caused by their disability. Our service dogs help our clients to achieve a higher quality of life, self-confidence, independence and freedom. We are a non-profit organization that trains and provides service dogs to assist people with PTSD.

In addition to being trained to be unobtrusive and well-mannered in public, service dogs are trained to perform tasks which specifically aid the client with their disability.

Based on the services our dogs can provide, do you think a service dog would be beneficial to our Client? ___ Yes ___ No

What is the client’s diagnosis?

What tasks do you feel a service dog could provide that would best help this client with his/her disability?

Does this client have a mental health disability that could cause them to lose control, possibly injuring the service dog? ___ Yes ___ No

The health and safety of both our client and the service dog are of utmost importance. In your professional opinion, is the client a good candidate for a service dog? Please consider the following in responding to the question:

- Does the client have an uncontrolled allergy to dogs?
- Has the client been hospitalized for mental health reasons in the prior 6 months?
- Does the client suffer from psychoses, delusions, dementia, active alcohol/substance dependence?
- Is the client at a stage of healing where they can adequately take care of a dog? Are they able to provide consistent exercise and be responsible for feeding and caring for a dog?

In your professional opinion, do you think it is safe to place a service dog in the care and control of this client? ___ Yes ___ No



Are there any other special considerations that we should be aware of?

Name _____

Professional Accreditation _____

Clinic or Medical Facility _____

Address _____

E-Mail _____

Phone Number _____

Signature _____ Date _____

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