



## Veterans & First Responders Service Dog Application

501(c)3 Service Dog Application

Thank you for your interest with BBSP, Inc. Two (2) Year PTSD Service Dogs for Veterans and First Responder Program. BBSP, Inc. is dedicated to helping veterans and first responders suffering from POST TRAUMATIC STRESS DISORDER (PTSD) by providing them with service dogs. We are honored to help the men and women who so bravely served our country. These dogs dramatically improve their quality of life. While there are many service dog organizations, BBSP, Inc. is proud to say that we offer some unique benefits to our veterans and first responders.

In order to qualify for our program please provide the following information:

- **Complete Application**
- **Provide current photo ( a full length photo is required, head shot is not acceptable) or email a current photo to [v.mahonbbspinc@yahoo.com](mailto:v.mahonbbspinc@yahoo.com)**
- **Provide an official signed letter from your medical provider, psychiatrist, psychologist or other licensed mental health care professional indicating a service animal would be beneficial for you. (this letter must be current. Letters more than 45 days before the date of your application will not be accepted) you may also email to [v.mahonbbspinc@yahoo.com](mailto:v.mahonbbspinc@yahoo.com)**
- **DD-214 ~ If you have multiple periods of services and have separate DD-214 we must have all pertaining to service**
- **Name and phone of psychiatrist, psychologist or other licensed mental health care professional should any questions arise at the application process to end of program.**

Once the above is completed your application will be reviewed and a member from the Board of Review Committee will contact you.

**I have read the above and agree to the terms and conditions set forth \_\_\_ Initial**

**Signature** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**SECTION 1- Personal Information**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cellphone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Choose Any:**

**Single** \_\_ **Married** \_\_ **Divorced** \_\_ **Widowed** \_\_

**Gender:**

**Male** \_\_ **Female** \_\_

**Date of Birth:** \_\_\_\_\_

**Your Age:** \_\_\_\_\_

**Do you have a valid Driver's License?** **Yes** \_\_ **No** \_\_

*(Attach copy of Driver's License)*

**Driver's License Number** \_\_\_\_\_

**Issuing State** \_\_\_\_\_

**Expire Date** \_\_\_\_\_

**Do You take public transportation(bus, taxi or does someone else drive you or your vehicle?)**

**Please explain if you depend on assistance**

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**Are you currently involved in any litigation of any kind?**

**Yes** \_\_ **No** \_\_

**If yes, please explain:**

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## EMERGENCY CONTACT

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## PERSONAL REFERENCES

Please list 3 MUST NOT be related to you

1.  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ State \_\_\_\_\_ Phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

2.  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ State \_\_\_\_\_ Phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

3.  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ State \_\_\_\_\_ Phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

## Section 2 – HOUSEHOLD INFORMATION

How many people live in your household? \_\_\_\_

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_

3. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_

4. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age \_\_\_\_\_ Relationship \_\_\_\_\_

Is anyone listed above your care taker?

Yes\_\_ No\_\_

If yes, how often are they with you?

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Is anyone living in the household allergic to dogs?

Yes\_\_ No\_\_

If yes, please explain:

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Do you have any pets ?

Yes\_\_ No\_\_

If yes, how many Dogs \_\_\_\_ Cats \_\_\_\_ or other \_\_\_\_? (explain other animals \_\_\_\_\_)

Name of pets and age \_\_\_\_\_

Friendly with other dogs?

Yes\_\_ No\_\_

If no, explain how you would handle your current pet and the service animal:

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**If you become become hospitalized, who would take care of the service animal?**

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**Are you physically able to feed, walk and groom the service animal?**

Yes \_\_\_ No \_\_\_

If no, please explain:

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**Is there a pet size restriction?**

Yes \_\_\_ No \_\_\_

**Are you able to clearly verbalize commands to the service animal?**

Yes \_\_\_ No \_\_\_

If no, please explain:

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What type of home do you live in?

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**Do you OWN or RENT?**

**If an apartment or renting a home, are pets allowed?**

Yes \_\_\_ No \_\_\_

**If a mobile home, is your residence in a mobile home park?**

Yes \_\_\_ No \_\_\_ Does Not Apply \_\_\_

**If a home, do you have a fence around your yard?**

Yes \_\_\_ No \_\_\_

**Neighborhood**

Suburbs \_\_\_ City \_\_\_ Farm \_\_\_ Country \_\_\_

### SECTION3- Employment/Education

Do you currently work outside of your home?

Yes\_\_ No\_\_

If yes, will your service animal accompany you to work?

Yes\_\_ No\_\_

If yes, please attach a letter from your employer acknowledging that your service dog will be accompanying you to work and would not be put in harms way.

Do you currently attend a school/college/trade school?

Yes\_\_ No\_\_

If yes, will your service animal accompany you to your place of education?

Yes\_\_ No\_\_

If yes, please attach a letter from your school acknowledging that your service dog will be accompanying you to class and would not be put in harms way.

### SECTION4- Military Service

Branch of Service \_\_\_\_\_

Date Entered Active Service \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered Active Service MOS \_\_\_\_/\_\_\_\_/\_\_\_\_

Discharge MOS \_\_\_\_/\_\_\_\_/\_\_\_\_

## SECTION5- Medical Information

Date officially diagnosed with PTSD and or TBI (MM/DD/YYYY) \_\_\_\_\_

Name of the Medical Center, Physician that determine diagnosis:

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Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZipCode \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

What is your primary diagnosis?

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What is your secondary diagnosis?

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Who is your current primary physician?

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZipCode \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

### Do you have any history of the following?

Violence to others?

Yes \_\_\_ No \_\_\_

If yes, please explain:

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**Please initial after each statement**

BBSP, Inc has your authority and permission to contact any personal or medical professional references

**I agree** \_\_\_\_ Initials

At any time a representative of BBSP, Inc may remove the provided service animal from my possession if animal cruelty of any type may be suspected or if at any time the client is incarcerated.

**I agree** \_\_\_\_ Initials

I also understand that I am required to attend 2x a week handler classes (total of 12 weeks), 21 day public access training classes, attend scheduled excursions, must complete CGC (Canine Good Citizen Test) and must pass the public access service animal test with my service animal I am working with to receive the service animal upon graduation. It is my financial responsibility to provide my own transportation and housing to and from the training center.

**I agree** \_\_\_\_ Initials

I also understand that I am fully responsible as the handler and owner of my service animal and must continue to exercise what I have learned with my service animal during the time of this 2 year program. I understand that I am solely responsible of controlling the service animal once ownership has been transferred and BBSP, Inc. and any of its members, including its administration can and will not be held liable set forth from the date the dog has been placed into my possession.

**I agree** \_\_\_\_ Initials

I understand that I am required to attend a 1 week training class once each year at the BBSP, Inc. training center (to be determine on availability of facility Indiana- Lakeville or Ohio- Willowick) and it is my financial responsibility to provide my own transportation and housing to and from the training center.

**I agree** \_\_\_\_ Initials

I also understand that it is my financial responsibility for scheduled classes at BBSP, Inc. training center. No dog shall be released until I have completed such training. I have ONLY one (1) opportunity to attend classes. Failure of such will terminate my application without REFUND.

**I agree** \_\_\_\_ Initials

All information in this application is true and accurate. An incomplete application will not be reviewed until it is complete.

**I agree** \_\_\_\_ Initials

Signature \_\_\_\_\_

Date: \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_



Mail application to:

**BBSP, Inc.**  
779 Glenhurst Road  
Willowick, OH 4409

# Physician Statement of Disability



This is to certify that \_\_\_\_\_ is a patient under my care, and is being treated for a disabling medical condition. I further certify that this person meets the criteria for disability as specified in the Americans with Disability Act (ADA) and therefore would be entitled to public access with a service dog. The criteria for disability determination under ADA Law are re-printed for your convenience, and are as follows:

AMERICANS WITH DISABILITIES ACT AMENDED DEFINITION OF "DISABILITY", JANUARY 2009

## Section 902.1

(b) Statutory Definition -- With respect to an individual, the term "disability" means

- (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (B) a record of such an impairment; or
- (C) being regarded as having such an impairment.

42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the Act.

The first part of the definition covers persons who actually have physical or mental impairments that substantially limit one or more major life activities. The focus under the first part is on the individual, to determine if (s)he has a substantially limiting impairment. To fall under the first part of the definition, a person must establish three elements:

- (1) that (s)he has a physical or mental impairment
- (2) that substantially limits
- (3) one or more major life activities.

## 902.2 Impairment

(a) General -- The person claiming to be an individual with a disability as defined by the first part of the definition must have an actual impairment. If the person does not have an impairment, (s)he does not meet the requirements of the first part of the definition of disability. Under the second and third parts of the

24 definition, the person must have a record of a substantially limiting impairment or be regarded as having a substantially limiting impairment.<sup>5</sup>

A person has a disability only if his/her limitations are, were, or are regarded as being the result of an impairment. It is essential, therefore, to distinguish between conditions that are impairments and those that are not impairments. Not everything that restricts a person's major life activities is an impairment. For example, a person may be having financial problems that significantly restrict what that person does in life. Financial problems or other economic disadvantages, however, are not impairments under the ADA. Accordingly, the person in that situation does not have a "disability" as that term is defined by the ADA. On the other hand, an individual may be unable to cope with everyday stress because (s)he has bipolar disorder. Bipolar disorder is an impairment. In that situation, the analysis proceeds to whether the individual's impairment substantially limits a major life activity.

(b) Regulatory Definition -- A physical or mental impairment means

- (1) (a)ny physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or
- (2) (a)ny mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

\_\_\_\_\_  
Signature of Physician (signature stamps not acceptable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Physician