CAROLINA CANINES FOR SERVICE, INC.

A non-profit corporation providing specially trained dogs for people with disabilities

Thank you for your interest in Carolina Canines For Service, Inc! Carolina Canines for Veterans provides Veterans disabled serving our country with quality trained service dogs for mobility impairment, traumatic brain injury, and those with a clinical diagnosis of a psychiatric impairment such as post traumatic stress disorder. Carolina Canines for Service does not provide service dogs to individuals who are legally blind or hearing impaired.

To apply for a service dog from Carolina Canines, the following are required:

a) Completed Skills Questionnaire for Service Dog Placement
b) Consent to Contact
c) Veterinary Reference Form
d) Two (2) letters personal reference names and addresses for Carolina Canines for Service to send a reference form to. These personal references should not be from immediate family members, but rather a minister, teacher, co-worker.
e) Recent photo of the applicant
f) **A video including audio of the applicant in their home, work and school environments:** We request the submission be on CD or DVD **showing you in your home and community**. This video must **focus on you** moving around in your environment. Please show us you moving through your home and around the community environments you frequent (i.e. work, school, neighborhood, etc.). **It is most important that we observe your mobility.**

The video demonstrate your functional abilities, be no longer than 15 minutes, and include:

- Ambulation (with any adaptive equipment you use, i.e. canes, crutches, walker, wheelchair, etc).
- Transferring to/from bed, chair, wheelchair, etc.
- Sitting, standing, reclining
- Navigating doorways, ramps and stairs
- Getting in/out of vehicles
- Grasping/holding both large and small items (i.e. pillows, magazine, pen/pencil, paperclip)
- Use of any adaptive equipment (i.e. utensils, reachers, lifts, clothing fasteners, computer accessories, etc.)
- Speaking – please tell us why you want/need a service dog and how you think a dog will assist you. **It is very important for us to hear your speech, however it is not necessary to speak throughout the entire video; 2-5 minutes of speech is plenty.**
- Lastly, **briefly** show us any pets you may have, as well as your yard and the street you live on.

Please send the complete application packet with the items listed above to:

Carolina Canines for Service, Inc.
Applicant Review Committee
P.O. Box 12643, Wilmington NC 28405

Our Applicant Review Committee will screen your complete applicant packet to determine that you meet our applicant requirements and place your name on our waiting list. **The review process will take at least 8-12 weeks**. It is not possible to advise how long you may wait for a service dog from Carolina Canines. Our waiting list is not time-based and we do not place dogs on a "first come, first serve" basis. The match of service dog skills to individual's needs and lifestyle is the critical factor in determining who receives the next available service dog. At such time that we have a dog nearing completion of training that best matches your needs, we will contact you to arrange an individualized Team Training schedule in which you will learn how to handle and work with your service dog partner. The individual must travel to Wilmington, NC at their own expense for up to 14 days of Team Training.

CAROLINA CANINES FOR SERVICE, INC.
Skills Questionnaire for Service Dog Placement – Carolina Canines for Veterans

APPLICANT INFORMATION

Full Name: _____ _____ _____ _____
Last Maiden First M.I.

Address: _____ _____
Street Address Apartment/Unit #

_____ _____ _____ _____
City County State ZIP Code

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date (M/DD/YY): _____ Marital Status: __ Single __ Married __Divorced __Widowed

Significant Others Name: _____

Military Service: Branch _____ Dates of Service (M/DD/YY): _____ to _____

Rank: _____ Type of Discharge:_____

Business/School Name: _____Grade in School _____

Address: _____

Business Phone: _____ Title/Occupation: _____

If Applicant is under 18 years of age, complete the following:

Parent or Legal Guardian Name: _____ Phone _____

Address: (If different from above): _____

APPLICANT 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 failure to give complete information, falsification or misrepresentation of information may prevent me from receiving a service dog. I authorize investigation of all statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail is available concerning my application for a service dog. My signature below further authorizes Carolina Canines For Service, Inc. to obtain criminal background information. I understand that any information obtained by Carolina Canines For Service, Inc. is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications for a service dog.

Applicant Signature: _____ Date:_____

Parent or Legal
Guardian Signature: _____ Date: _____
(Required for Applicants under 18 years of age)

MEDICAL INFORMATION

A. Primary Diagnosis: _____ Date of Onset or Diagnosis (M/DD/YY): _____

B. Secondary Diagnosis: _____ Date of Onset or Diagnosis (M/DD/YY):: _____

C. Other Diagnosis: _____

_____

D. Height _____ Weight _____

E. Verbal Skills – On a scale of 1 (non-verbal) to 10 (fluent with clear annunciation), please rate the quality of your verbal communications. ☐ Non-verbal ☐1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Medications: _____

_____

G.. Dominate Hand: _____ Right _____ Left

H. Primary Physician: _____ Phone _____

ADAPTIVE EQUIPMENT BEING USED – Complete this section for Mobility Impairments (check all that apply)

☐ Manual Wheelchair
☐ Power Wheelchair: Joy stick on Right ☐ or Left ☐
☐ Power 3-Wheel Cart
☐ Crutches: Type (specify): _____
☐ Braces: Types (specify): _____
☐ Prosthesis: Type (specify): _____
☐ Cane: Type (specify): _____
☐ Walker: Type (specify): _____
☐ Other: _____

[This section intentional blank]

SYMPTOMOLOGY EXPERIENCED – Complete this section for psychiatric impairment (PTSD)

For each item on a scale of one (fully limits daily function) to 10 (does not limit daily function) answer each of the following:

	NA	1	2	3	4	5	6	7	8	9	10
Distractibility	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Intrusive imagery	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dissociation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flashbacks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hallucinations	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feelings of Isolation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hyper vigilance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fear	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Startle Response	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Avoidance Behaviors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nightmares	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feelings of being Threatened	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Aggression	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

MORALITY

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

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

C. Do you have a history of violence? ☐ Yes ☐ No

D. Do you have a history of harming animals? ☐ Yes ☐ No

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

F. Do you have a history of fighting? ☐ Yes ☐ No

G. Have you ever harmed yourself, i.e. cutting, burning, hitting self? ☐ Yes ☐ No

HOW DOES YOUR DISABILITY AFFECT YOUR DAILY LIVING – 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, etc.)

_____

_____

_____

_____

_____

VOCATIONAL ISSUES

A. Are you presently employed? ☐ Yes ☐ No Fulltime or Part-time (# hours per week) _____

Employer: _____

B. How do you get to/from work? _____

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

_____

_____

_____

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

E. Do you receive support from services such as Vocational Rehabilitation or Independent Living?

_____

F. Do you presently receive income as a result f your disability? If so, from where? (Social Security Disability, SSI, former employer, insurance settlement, trust fund, etc.) _____

_____

G. How will a service dog enable you to perform your job more efficiently? _____

_____

_____

EDUCATIONAL ISSUES

A. Are you currently enrolled in school? ☐ Yes ☐ No What grade? _____ What Major? _____

B. Name of school/college/university: _____

Anticipated date of graduation (M/DD/YY): _____ Degree: _____

C. How do you get to/from school? _____

D. Do you currently receive support services during school? (Classroom aide, peer tutor, adapted materials, etc.)

_____

_____

E. How will a service dog enable you to access your school environment more independently? (Carry books, open doors, retrieve items, physical support for walking, etc.)

_____

_____

COMMUNITY ACCESS ISSUES

A. Do you have daily access to transportation? ☐ Yes ☐ No

If no, how do you get around? _____

B. Do you drive yourself? _____ ☐ Yes ☐ No

If no, who is your primary driver? _____

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

_____

D. List any problems you have concerning transportation or community access (opening/closing doors, using controls for lifts, etc.) _____

_____

HOUSEHOLD ISSUES

A. How many people live in your household? _____ Please give names/ages/relationship to you:

Name	**Age**	**Relationship**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Anyone in your home allergic to dogs? ☐ Yes ☐ No
If yes, explain: _____

C. Do you have pets? _____ How many? _____
Please list name, breed and age of pets:

Name	Breed	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

D Name of veterinarian _____ Phone _____
(Please submit the Veterinary Reference Form to your Veterinarian for completion. If you do not currently have a Veterinarian, please indicate "No Veterinarian at this time".)

E. Do you rent or own your home? ☐ Own ☐ Rent

Describe your home & neighborhood (house, apartment, mobile home, size of yard, fenced or un-fenced, city, suburb, country, etc.) _____

F. Is your home fully accessible to you? ☐ Yes ☐ No ☐ Not Applicable

Please describe modifications/adaptations presently available and note those needed but unavailable (wheel chair ramp, lifts, modified bathroom, raised counters, widened doorways, lowered light switches, alarms systems, etc.). _____

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

_____
_____
_____

MISCELLANEOUS ISSUES

A. 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.

_____

_____

_____

B. 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.

_____

_____

C. Will you be physically and financially able to attend Team Training in Wilmington, NC and spend 6-8 hours per day for 5 to 7 days in order to learn how to command a service dog to assist you?

_____

_____

_____

Please comment on any obstacles or issues to be addressed in order for you to attend Team Training:

_____

_____

_____

D. Have you ever applied for a service dog from another organization? ☐ Yes ☐ No
If yes, please provide the name of the organization and date of application:
_____
_____

E. Have you ever been denied a service dog by an organization? ☐ Yes ☐ No
If yes, please provide the name of the organization and date of denial:
_____

F. Have you received services from organizations that provide services to wounded veterans? ☐ Yes ☐ No
If yes, please provide the names of the organizations that have provided services to you:
_____

ADDITIONAL COMMENTS: _____

Carolina Canines for Service, Inc.

CONSENT TO CONTACT FORM

I, _____ , give consent for the health care professionals listed below
(Print full name)
to release to Carolina Canines For Service, Inc. 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 Carolina Canines, 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_____
Address/City/State/ Zip_____

Home Health Care Assistant _____
Address/City/State/ Zip_____

Physical Therapist _____
Address/City/State/ Zip_____

Speech Therapist _____
Address/City/State/ Zip_____

Occupational Therapist _____
Address/City/State/ Zip_____

Recreation Therapist _____
Address/City/State/ Zip_____

Psychologist/Psychiatrist _____
Address/City/State/ Zip_____

Vocational Rehabilitation Counselor _____
Address/City/State/ Zip_____

Teacher _____
Address/City/State/ Zip_____

Other _____
Address/City/State/ Zip_____

Veterinarian _____
Address/City/State/ Zip_____

Personal Reference _____
Address/City/State/ Zip_____

Personal Reference _____
Address/City/State/ Zip_____

Applicant Signature_____ **Date**_____

Parent/Guardian Signature _____ **Date**_____
(Required for child under 18 or person with legally appointed guardian)

CAROLINA CANINES FOR SERVICE, INC.
P.O. Box 12643, Wilmington, NC 28405
(910) 362-8181

Veterinary Reference Form

The following individual is an applicant for a service dog trained by Carolina Canines For Service, Inc., a non-profit program dedicated to enhancing the lives of people with disabilities through the use of specially trained service dogs. The information requested below will assist us in assessing the suitability of this applicant's home for placement of a service dog. A **Consent to Contact Form** is attached. Should you have any questions regarding this matter, please feel free to contact us at (910) 362-8181. Thank you for your assistance in completing this form.
PLEASE PRINT

Applicant: _____ Phone (____)_____

Veterinarian _____ Phone (____)_____

Veterinary Practice/Clinic _____

Address _____

City/State/Zip _____

What species/breed and number of pets owned by this individual have you treated?

Dogs _____ Cats _____

Birds _____ Other _____

How long have you been treating this individual's pets? _____

What type of treatment have you provided to this individual's pets? _____

_____

Are this individual's pets' vaccination records presently up-to-date?	☐ Yes ☐ No
Do this individual's pets receive monthly heartworm preventative?	☐ Yes ☐ No
Do this individual's pets receive regular flea/tick protection?	☐ Yes ☐ No
Does this individual demonstrate evidence of responsible pet ownership?	☐ Yes ☐ No
To your knowledge, has this individual ever been accused or convicted of animal abuse/neglect, or harboring/unleashing a vicious animal?	☐ Yes ☐ No
Do you recommend placement of a service dog in this individual's home?	☐ Yes ☐ No
Would you consider offering tax deductible discounted or donated veterinary services for a service dog placed by Carolina Canines?	☐ Yes ☐ No

Additional Comments: _____

_____ _____
Veterinarian Signature **Date**