



## Soldier Dogs for Independence

**Your entire Application will be kept Confidential. Your written application will become property of Soldier Dogs for Independence.**

Date \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Relative \_\_\_\_\_  
Street City State Zip

Relative's Home Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Do you have a military affiliation? \_\_\_\_\_

What Branch? \_\_\_\_\_

Are you Active or Retired? \_\_\_\_\_

What is your Disability?

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How long have you been disabled? \_\_\_\_\_

If disability was caused by injury, what progress has been made in recover?

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Please Indicate the Devices you use: Wheelchair: \_\_\_\_\_ Manual \_\_\_\_\_ Power \_\_\_\_\_ Both  
\_\_\_\_\_ Crutches \_\_\_\_\_ Cane \_\_\_\_\_ 3-wheel electric scooter \_\_\_\_\_ oxygen tank  
\_\_\_\_\_ Other \_\_\_\_\_

Which do you use most often? \_\_\_\_\_

Do you drive? \_\_\_\_\_ Take a bus? \_\_\_\_\_ Cab? \_\_\_\_\_ Other? \_\_\_\_\_

How often do you fall? \_\_\_\_\_

Can you catch yourself when you fall? \_\_\_\_\_

Please rate: (On a scale of 1 = Poor to 10 = Normal)

Your Speech? \_\_\_\_\_ Easily Understood \_\_\_\_\_ Tone \_\_\_\_\_ Volume \_\_\_\_\_

Do you use a word board? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_

Your Vision? \_\_\_\_\_ Do you use corrective lenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you need: \_\_\_\_\_ Large Font? \_\_\_\_\_ Audio Tape? \_\_\_\_\_ Note Taker? \_\_\_\_\_ Other \_\_\_\_\_

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Your learning ability? \_\_\_\_\_ Need Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Your hearing? \_\_\_\_\_ Hearing aid \_\_\_\_\_ ASL \_\_\_\_\_

How do you handle the following?

Routine Medications \_\_\_\_\_ By yourself \_\_\_\_\_ Assisted \_\_\_\_\_ Provided by Others

Housecleaning \_\_\_\_\_ By yourself \_\_\_\_\_ Assisted \_\_\_\_\_ Provided by Others

Meals \_\_\_\_\_ By yourself \_\_\_\_\_ Assisted \_\_\_\_\_ Provided by Others

Getting Dressed \_\_\_\_\_ By yourself \_\_\_\_\_ Assisted \_\_\_\_\_ Provided by Others

Shopping, groceries, etc. \_\_\_\_\_ By yourself \_\_\_\_\_ Assisted \_\_\_\_\_ Provided by Others

Personal Care \_\_\_\_\_ By yourself \_\_\_\_\_ Assisted \_\_\_\_\_ Provided by Others

What personal attendants ( including family members) do you use?

\_\_\_\_\_ Personal Care Aid \_\_\_\_\_ Cooking \_\_\_\_\_ Cleaning \_\_\_\_\_ Medical \_\_\_\_\_ Other \_\_\_\_\_

Please describe your limitations - mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, hearing, cold, or pain sensitivity, your ability to read and understand written material, and anything that might help us understand your needs.

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What is your current work or school schedule? \_\_\_\_\_

What are your plans for work or school? \_\_\_\_\_

List the people living in your home, including their ages and their relationship to you. \_\_\_\_\_

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Do any other members of your household have a physical or mental disability? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, how are they disabled and what are their limitations? \_\_\_\_\_

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Please describe your home and yard? \_\_\_\_\_

Is your yard fenced? \_\_\_ No \_\_\_ Yes If yes, how high is your fence? \_\_\_\_\_

What pets do you have now? Describe type and age \_\_\_\_\_

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Veterinarians name and phone number \_\_\_\_\_

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What dogs have you had before? Describe what kind and how old you were. \_\_\_\_\_

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If you have a dog now and it is not well-mannered, are you willing to train your dog before you receive your service dog?

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

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your service dog? \_\_\_\_\_

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How will you handle the care of your service dog if you are hospitalized? \_\_\_\_\_

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