

For office use:
Application received on: _____



Veteran Application and Agreement

PLEASE COMPLETE ALL FIELDS TO THE BEST OF YOUR ABILITY
ALL INFORMATION IS CONFIDENTIAL AND FOR RFI USE ONLY

Retrieving Freedom trains Service dogs for service connected disabilities, PTSD and Traumatic Brain Injuries.

Retrieving Freedom does not currently train dogs for MST due to limited facility resources

YOUR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____ Work: _____ Cell: _____

Email: _____

Date of Birth: _____ Sex: _____

Approximate Weight (lbs): _____ Approximate Height (feet/inches): _____

Marital Status: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____ Work: _____ Cell: _____

May RFI contact your contacts for professional purposes: _____

EMPLOYMENT

Are you currently employed? _____

Place of employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Phone: _____.

Employment Start Date: _____

Basic job duties/responsibilities: _____

May RFI contact your employer? _____

DOCTOR INFORMATION

Are you currently being treated by a doctor for a service related disability?

Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Is your doctor available for a consultation regarding this application? _____

PSYCHIATRIST INFORMATION

Are you currently being treated by a psychiatrist for a service related disability?

Psychiatrist's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Is your psychiatrist available for a consultation regarding this application? _____

DISABILITY INFORMATION

What is your primary diagnosis? _____

What other medical conditions do you have? _____

How are your daily living skills affected? _____

What are your limitations? _____

Do you have any physical restrictions or precautions you must take because of your diagnosis? _____

What type(s) of medical treatment are you currently receiving? _____

What medications are you taking and what is each of them for? _____

What type(s) of adaptive equipment do you use? (i.e. manual wheelchair, power chair, walker, cane, hearing aid, etc.)

What is the percentage of your disability? _____

Please list the percentage breakdown? (XXX% for XXX) _____

LIVING INFORMATION

Describe your home and property: (house, apartment, dorm, etc. Square footage, type of flooring, fenced yard, in town/rural, etc.) _____

How many individuals live full time at your residence? ____

Name, age, and relationship:

Name: _____ age ____ relationship _____

Name: _____ age ____ relationship _____

Name: _____ age ____ relationship _____

Name: _____ age ____ relationship _____

Name: _____ age ____ relationship _____

How many animals live in your home? _____

If so, what types of animals are they? _____

ABOUT YOU

Briefly describe the places you have gone in the last 30 days? _____

Are you able to drive? _____

Do you require a vehicle with adaptive controls? _____

If yes, please describe what controls are in place? _____

Prior to being injured, what things did you enjoy doing? _____

What are you no longer able to do as a result of your injury? _____

SERVICE INFORMATION

Branch: _____

When did you join the armed forces? _____

Are you discharged from the armed forces? _____

What type of discharge did you receive: _____

Highest rank achieved: _____

In which theater(s) of conflict and campaigns did you serve? _____

Please describe your service related injuries and the circumstances under which they occurred: _____

DOG INFORMATION

Why do you want a service dog? _____

How would a service dog help you better cope with or manage your disability and to make you more independent? _____

How do you think life would change if you had a service dog? _____

Please describe how you will handle the following areas of dog care:

Feeding: _____

Grooming: _____

Toileting: _____

Your absence during an emergency: _____

Family/friend involvement: _____

Dog behavior problems: _____

Please describe how you will handle the following areas of veterinary care for a dog:

Fleas, ticks, heartworm: _____

Financial expenses upon receiving the dog: _____

SERVICE DOG TRAINING PROGRAM

What specific difficulties might you have with a physically rigorous, emotionally demanding training program? _____

What modifications can you make to accommodate this training? _____

What modifications must the training program make to accommodate your specific difficulties? _____

How will you handle costs and time required to attend the required training? _____

Is there and other information you wish to voluntarily provide to help us develop a better service dog training regimen for a dog being trained to assist you? _____

Any Additional comments or thoughts that you would like to provide to RFI in the consideration to receive a service dog: _____

Third-Party research consent:

Please sign below if you consent to Retrieving Freedom Inc sharing contact information regarding third party research to use of Service Dog. This is only to share your contact information. You can decline or withdraw at any time.

I agree to allow RFI to share my contact information: _____

I do not want my contact information to be shared by RFI: _____

SIGNATURE

By signing my name below, I attest that all the information I have provided is true to the best of my knowledge, up-to-date and accurate and I hereby authorize RFI to evaluate your application

Signature: _____ Date: _____

******Please attach your DD-214 or other certificate of honorable discharge, a VA award letter including breakdown of diagnosis percentages. If you do not have VA documents on hand, please contact your Regional VA Office. Along with the documents listed above, please attach a photo of yourself along with photos of you home. Home photos should include: bedroom, kitchen, living room, and yard space.***

Following the receipt of this application and the above attachments, an RFI representative will be in contact with you to set up a phone consultation.

PRIOR TO ACCEPTANCE FOR A SERVICE DOG: All applicants are required to participate in an in-person consultation at your selected location and return a mental health form that will be provided at that point.

For questions or to email the Application please send to: maddy@retrievingfreedom.org

Mail Application to:

***Iowa Location
Attn: Applicant Office
1152 230th St
Waverly, IA 50677***

CONSENT TO RELEASE INFORMATION FORM

Retrieving Freedom, Inc.
Application Office

Iowa Facility: (319) 505-5949
Missouri Facility: (660) 586-2055

Name: _____ D.O.B: _____

Initial ONLY ONE box:

I authorize Retrieving Freedom Inc. to communicate with the emergency contact and medical providers (listed below) in order to obtain and release information (written or verbal) regarding my disability and its impact on major life activities. I understand that I may revoke consent at any time and that this revocation must be delivered to the Retrieving Freedom, Inc. Applicant Office during standard office hours. This consent form will be valid beginning the date it is signed and ending if I withdraw from the training and placement program at Retrieving Freedom, Inc.

I have chosen NOT to complete this form, and I decline to give permission for Retrieving Freedom, Inc. to communicate with anyone on my behalf. In doing so, I understand that Retrieving Freedom, Inc. may not be able to support my request to obtain a service dog.

Client Signature

Date of Authorization

_____ Emergency Contact Person		_____ Relationship to client
_____ Address		
_____ Telephone Numbers (Home/Cell/Work)		
_____ Email Address		

_____ Mental Health Care Provider	
_____ Address	
_____ Telephone Number	_____ Email Address

STOP AND
READ CAREFULLY!

Notice of Exception of Rights of Confidentiality

I understand that all information disclosed within Retrieving Freedom, Inc. is confidential and will not be discussed with anyone outside of Retrieving Freedom, Inc. without my written consent as indicated above.

However, exceptions to this will be made under the following conditions:

1. When a client engages or threatens to engage in behavior which poses a danger of causing physical harm to self or others.
2. When a client engages or threatens to engage in behavior which would cause significant property damage OR directly and substantially impede the lawful activities of others
3. When a client engages or threatens to engage in legal action against Retrieving Freedom or its agents.

Signature

Date

Retrieving Freedom, Inc. Representative

Date

CONSENT TO PERFORM A BACKGROUND SCREEN FORM:

Retrieving Freedom Inc.
Application Office
Iowa Facility: 319-505-5949
Missouri Facility: 660-586-2055

It is the policy of Retrieving Freedom Inc to conduct background check on all applicants/handlers. Being charged with or convicted of a crime does not necessarily disqualify an applicant. All information obtained in for Retrieving Freedom use and will not be distributed.

The following document is a consent form to allow Retrieving Freedom staff to perform a background screen.

Along with the completed form, please send along a non-refundable \$30 check or money order to cover the expenses of this screen. If submitting multiple screening forms, please include \$30 per screen.

For Autism families, please fill out a form for each handler and send appropriate amount to cover each screen.



G&A Retrieving Freedom Inc.	Permissible Purpose Certification: <input checked="" type="checkbox"/> Pre-Employment Screening
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BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

Applicants: Please read the following statements carefully

NOTICE

In connection with your application for or continued employment, G&A Retrieving Freedom, Inc.. (“Company”) may order a background report (“consumer report”) or an “investigative consumer report”. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Company, throughout your employment where permissible by law. These reports may contain information about your character, general reputation and/or mode of living and may include information including, but not limited to: social security number verification, criminal/civil records, driving records, employment and education history, professional licensing/certifications, credit reports, and drug testing results.

Investigative consumer reports are consumer reports gathered from personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. A disclosure regarding the nature and scope of an investigative consumer report shall be made in writing and delivered to you by the Company no later than five days after (i) the date on which your request for the disclosure was received or (ii) the date on which the investigative consumer report was first requested, whichever is later.

LS Screening, LLC, (“LSS”), a Consumer Reporting Agency, will prepare the consumer report. They may be contacted at:

PO Box 3051
 Forney, TX 75126
 (800) 755-3392 Voice/(800) 283-4883 Fax

Per the Fair Credit Reporting Act, you may be entitled to a copy of the report. The Fair Credit Reporting Act gives you specific rights in dealing with Consumer Reporting Agencies. You will find these rights summarized in *A Summary of Your Rights Under the Fair Credit Reporting Act*. A copy of that document can be found at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

Minnesota applicants only: You have the right, upon written request to LSS, to receive a complete and accurate disclosure of the nature and scope of any consumer report. LSS must make this disclosure within five days of your request for disclosure or of the Company’s request for the report, whichever is later.

Minnesota / Oklahoma applicants: You have the right to receive a copy of your consumer/investigative consumer report by checking “Yes” below. Please check the appropriate box if you would like to receive a free copy of your consumer report.

YES NO

New Jersey applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS. You may inspect and order a free copy of the report by contacting LSS.

New York applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS, and you will be provided with the name and address of LS Screening. You may inspect and order a free copy of the report by contacting LSS. By signing below, you certify that you have received a copy of New York Correction Law 23-A.

Washington State applicants: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by the Company. You also have the right to ask LSS for a written summary of your rights under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND REPORTS

By providing the requested information and signing below, I acknowledge receipt of the **Background Screening Disclosure and Authorization Notice, A Summary of Your Rights under the Fair Credit Reporting Act** (available at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf) and any other document referenced in this Background Screening Disclosure and Authorization Notice and certify that I have read and understand all of those documents provided to me by the Company. By my signature below I hereby authorize the Company to obtain consumer reports and/or investigative consumer reports for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LS Screening, PO Box 3051, Forney TX 75126, (800) 755-3392 Voice/(800) 283-4883 Fax. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that signing my name below, constitutes my consent and that by doing so: I am acknowledging Company has disclosed that they may request a consumer report or investigative consumer report; that I am authorizing LS Screening to conduct the background check(s) described above; and I certify that facts and information in this form and any attachments I have provided are true, accurate, and complete to the best of my knowledge.

PLEASE PROVIDE ALL INFORMATION AND PRINT CLEARLY

APPLICANT'S LEGAL NAME:

_____ Last Name First M.I.

SOCIAL SECURITY #:

DATE OF BIRTH:

_____/_____/_____
Month/Day/Year

CURRENT HOME ADDRESS:

_____ Street City/State Zip

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

EMAIL ADDRESS: _____

APPLICANT SIGNATURE : _____ DATE: _____

www.lsscreen.com
Fax to (512) 275-1134
Email to consents@lsscreen.com