

For office use:
Application received on: _____



Autism Application and Agreement

STEP ONE: Please fill out all forms, questionnaires and charts.

RFI recognizes that demand for autism service dogs is high and availability is limited. Unfortunately due to the demand, RFI must qualify applicant, please apply as early as possible. RFI aims to place dogs for individuals between the ages of 5-13. Individuals over the age of 13 will be evaluated on a case-by-case basis and our ability to serve their needs. Individuals under the age of 5 will not be accepted into the training and placement program until the child's 5th Birthday.

Please print legibly

Applicant child's name: _____ DOB _____ Sex: _____

Primary caregiver name: _____ Relationship to the child _____

Secondary caregiver name _____ Relationship to the child _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Does secondary caregiver live with primary caregiver? ___yes___no

Secondary caregiver residence if other than above:

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Child's school: _____ grade _____ N/A _____

Have you owned a pet in the last 10 yrs? ___yes___no Type _____
#years owned _____

More than one pet in the last 10 yrs? Please list:

Do you currently have pets in the home?

___yes___no___type_____number_____

If you currently own a dog, what is the breed _____ and age: _____

If you owned a dog but no longer do, please explain the reason you no longer own a dog:

Do you live in a __house__ apartment__ condo__ town house_____ other

What is the approximate square footage of your residence? _____ sq ft

How many bedrooms?__ and the number of rooms for play or recreation? _____

Do you have a yard? __yes__ no Approximate sq ft _____ sq ft

Is your yard securely fenced? __yes__ no Height of the fence _____ ft

How many individuals live full time at your residence? _____

Name, age, and relationship to primary caregiver:

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Others who may stay overnight for visits:

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Does the child have visitations with relatives without primary caregiver(s) present?

__yes__ no

If yes, explain **who?** _____

how often? _____ **how long?** _____

Does the (applicant) child attend school? __yes__ no If no, why not? _____

Does the (applicant) child have a one-on-one teacher? __yes__ no, or other _____

If your child *will* attend school, what calendar year will the child attend school? Year 202__

If your child attends school what month does school start and end for your child?

Do they attend summer school? _____

The name of the school the child currently attends: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ Extension _____

Is your child or *will* your child be mainstreamed at school, attend special education classes, or some other program? Please explain: _____

Are you aware of any service dogs working in the school your child attends or will attend?
__yes__no If yes, what is the nature of the dog's service? _____

Does primary caregiver work outside the home? _____

Do you vacation as a family? __yes__no

What does your family do for recreation? _____

Does your special needs child attend? _____yes_____no Participate? _____yes_____no

Can you afford an average of \$150 per month (yearly shots, hygiene, food, etc) to support a service dog?
__yes__no

Where will the service dog sleep?

Where will the service dog rest?

Where would you exercise the service dog?

when? _____

how? _____

What are the major challenges you experience as a primary caregiver of a child with autism?

The challenges other family members experience?

How will a service dog change your life and that of other family members?

Briefly, in what way do you think a service dog might enhance the life of your child?

(Primary caregiver) Briefly, what are your expectations?

(Secondary caregiver) What are your expectations?

What concerns/reservations do you have with respect to owning a service dog?_____

Is there anything we have not asked that you feel is important for us to know about you, your child, or your family? __yes__no

The first 3 months after placement is a time of major adjustment for the dog, you, your child and the rest of the family, and as such, RFI wants to be certain that the family is fully prepared for the personal investment and hard work required. It's fun and exciting too, but there is much to be done initially in preparation and during the first few months after the placement.

Will you be available for follow-up meetings?

Yes ___ No ___

Waverly, IA _____ or Sedalia, MO _____

As a 501c3 non-profit organization RFI does not require any cost for receiving a service dog, thus our production is directly related to the contributions that have been received. With the permission of each accepted applicant, RFI can build a recipient donor page. This will have a goal of \$7500 and be placed on the RFI website as a way to encourage donations to the organization. RFI appreciates any involvement in achieving this goal, but does not deny or place dogs according to the amount raised. Many contributions are given to RFI through this platform, and are all placed within RFI's general program services contributions account. Donations are not specifically allocated to any specific recipient or do they constitute a purchase of a dog.

Often the expectation of the parent of a child with autism seeking a service dog is that the service dog will perform immediate miracles, and being a uniquely trained dog means the dog is fundamentally different than other dogs, a sort of "robot" dog that responds the instant you give a command; never makes a mistake; never sulks or barks, and never has an off day. Highly trained dogs are still dogs that have basic needs that must be met to be well-balanced and perform consistently. A well balanced dog is calm, friendly, and content. To a great extent a dog's mood, performance and quality of companionship depends on his/her environment, the amount of exercise, discipline and affection given by the new owner.

I understand and accept the responsibility, financial investment, and care required of owning a (service) dog. All family members will respect the basic needs of the dog for proper diet, shelter, veterinary care, exercise, attention, and rest. If, at any time, I, or members of my immediate family, cannot meet the requirements of proper care, I understand the service dog is to be returned to Retrieving Freedom, Inc. I further agree to follow RFI instruction regarding any required reading, training, orientation classes and the transition and integration process of the service dog into our home.

Signed _____ Date _____

Full name of primary child caregiver/ dog handler

Primary caregiver name: _____

Primary caregiver address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Child's Name _____ DOB: _____

Step Two:

Primary Caregiver: _____

(Print)

Secondary Caregiver: _____

(Print)

Recipient Child: _____

(Print)

1) Diagnosis requirement

- a. A DSMV official diagnosis of Autism or PDDNOS obtain from a credible psychiatrist trained in diagnosing Autism spectrum disorders
- b. A functional assessment from that same provider that suggest the candidate can meet the level of physical and mental functioning to benefit from a service dog

Provide statements of child's condition, difficulties, and needs from extended family members, one of the child's current service providers, associates or friends of the family, teacher or school official. A minimum of 3 concise statements from three different sources describing the child's major disabilities are required. One of which must come from the school that the child attends or will be attending.

We understand that contributions are not payment for a service dog, nor a guarantee our child will receive a service dog. While contributions may be given to RFI in the direction of a particular child, we understand those funds do not constitute a purchase. All the funds donated to the RFI organization are used to the best purpose determined by the Board of Directors.

If at any time during training, the transitional phase or tether training, a RFI representative determines the caregiver, caregiver's partner or family is unsuitable to continue placement of a (service) dog, RFI may exercise its right as stated above to withdraw the service dog without monetary reimbursement to any party.

We understand that due to the increase in cases nationwide that the demand for service dogs for children with Autism far outweighs the supply. Not everyone that applies will be able to receive a service dog, and RFI will place dogs to the best of their ability with the applicants that show the greatest need of a trained service dog.

Official DSMV Diagnosis of child: _____

Name of Credible Psychiatrist trained in diagnosing autism who made the diagnosis:

_____ Phone Number: _____

Can RFI contact above: _____

Caregiver/ Parent _____ Date: _____

Caregiver/Parent _____ Date: _____

Step Three:

Mail the printed application form, questioner, all documents including the diagnosis report, functional assessment and photos of the applicant child and your home environment. Photos should include bedrooms, kitchen, living rooms, 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.

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

Mail Application to:

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

***Missouri Location
Attn: Applicant Office
20360 Tangle Nook Rd
Sedalia, MO 65301***

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 the disability of the applicant 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 the behalf of the applicant. In doing so, I understand that Retrieving Freedom, Inc. may not be able to support my request to obtain a service dog.

Client Signature (or legal guardian)

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 (or legal guardian) _____ 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 a background check on all applicants/handlers. Being charged with or convicted of a crime does not necessarily disqualify an applicant. All information obtained is 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. If you are a resident of Arkansas, please reach out to the numbers listed above since this will require a different form.

Along with a completed form, please send along a non-refundable \$15 check or money order to cover the expenses of this screen.

For Autism families, please fill out a form for each handler and send the appropriate amount to cover each screen. (For example, if both parents/caregivers are looking to become certified, please fill out 2 consent forms, one for each individual, and send in a \$30 check or money order)