

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 types(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: _____

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, If you do not have VA documents on hand, please contact your Regional VA Office. Photos of your home environment with your application. Along with a photo of yourself. 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 PTSD SERVICE DOG: All applicants are required to participate in an in-person consultation and to return a mental health form that will be provided at that point.

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 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