

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 5-21. Individuals can apply for a Autism Service Dog between the ages of 4-11. Individuals under the age of 5 will not begin training until after 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: \_\_\_\_\_

Are these pets up to date on their vaccinations? \_\_\_ Yes \_\_\_ No

Are these pets spayed/neutered? \_\_\_ Yes \_\_\_ No

Do you have a regular veterinarian? \_\_\_ Yes \_\_\_ No

Veterinarian's Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_

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

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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?

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**Where** will the service dog rest?

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**Where** would you exercise the service dog?

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**when?** \_\_\_\_\_

**how?** \_\_\_\_\_

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

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The challenges other family members experience?

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

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

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(Primary caregiver) Briefly, what are your expectations?

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(Secondary caregiver) What are your expectations?

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

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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

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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.

Due to our client age guidelines, Retrieving Freedom does not place Autism successor Service Dogs. In rare cases in which an Autism Service Dog needs to be replaced, RFI will work with the accepted families to determine if a replacement is necessary. In cases in which accepted RFI clients are looking for a successor dog for their child who has aged out of our client age guidelines, RFI will refer all clients to Assistance Dogs International and assist where needed.

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](mailto:info@retrievingfreedom.org)*

*Mail Application to:*

***Iowa Location  
Attn: Applicant Office  
1152 230<sup>th</sup> 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.

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Signature (or legal guardian) \_\_\_\_\_ Date \_\_\_\_\_

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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)

**NOTICE – BACKGROUND INVESTIGATION**

In connection with your employment/licensure (including contract or volunteer services) or application to rent a dwelling with \_\_\_\_\_ (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and AmericanChecked, 4870 South Lewis Ave., Suite 120, Tulsa, OK. 74105; Phone:1- 800-975 9876, For information about AmericanChecked privacy practices, see <http://americanchecked.com/privacypolicy>. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

**Additional Information (for INTERNAL USE ONLY)**

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted \_\_\_\_\_ / No, my current employer cannot be contacted \_\_\_\_\_

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: AmericanChecked, Inc. (Agency) at (918) 742-6737.

Printed Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Company Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
City State Zip

Previous Address: \_\_\_\_\_  
City State Zip

For identification purposes:

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

## Supplemental State Disclosures

**Connecticut applicants/employees only:** If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying

**Maine applicants/employees only:** You may contact the Company to request the name, address and telephone number of the nearest unit of AmericanChecked designated to handle inquiries, which Company shall provide within 5 business days. You have the right to request and promptly receive a copy of any investigative consumer report requested by Company by contacting the nearest unit of the Consumer Reporting Agency directly.

**Maryland applicants/employees only:** If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

**Massachusetts applicants/employees only:** The precise nature and scope of any investigative consumer report will be the same as described in Background Check Disclosure. You have a right to obtain a copy of any investigative consumer report upon request from AmericanChecked Inc., 4870 South Lewis Ave. Ste. 120, Tulsa OK 74105, telephone 800-975-9876.

**Minnesota applicants/employees only:** You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from AmericanChecked, Inc. 4870 South Lewis Ave. Ste. 120, Tulsa OK 74105, telephone 800-975-9876.

**New Jersey applicants/employees only:** The precise nature and scope of any investigative consumer report will be the same as described in Background Check Disclosure. You have a right to obtain a copy of any investigative consumer report upon request from AmericanChecked, Inc. 4870 South Lewis Ave., Ste. 120, Tulsa OK 74105, telephone 800-975-9876.

**For Oregon applicants/employees only:** If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

**For Washington State applicants/employees only:** You have the right, upon written request made 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 any “investigative” consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph should be made to: AmericanChecked Inc., 4870 South Lewis Ave., Ste. 120, Tulsa OK 74105, telephone 800-975-9876.

If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

#### **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

**You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**



<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>