

Veteran Application

OPERATION DELTA DOG

Sit. Stay. Heal.

Tel 603.921.5253

19G Clinton Drive
Hollis, NH 03049

www.operationdeltadog.org
apply@operationdeltadog.org



Application Process

Thank you for your interest in Operation Delta Dog! Operation Delta Dog is a nonprofit organization with the mission of rescuing homeless dogs and training them to become service dogs for veterans afflicted with Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST), and other related challenges. This application packet is an introduction to our selection process, which helps determine an individual's appropriateness for the program. If selected, you will have the opportunity to play an integral role in your service dog's developmental process. The training requires some physical exertion (e.g., walking, bending over, etc.) and will also necessitate travel to our Operation Delta Dog Lazin Animal Foundation Training Center in Hollis, New Hampshire, as well as other (neighboring) training venues. Dogs are provided to selected veterans completely free of charge and there is no requirement to undertake any public relations activity or fundraising work.

Selection Criteria

We endeavor to develop twelve veteran/dog teams per year. The selection process, for both veteran and dog, is critical for the success of each team. Dogs are chosen for both temperament and trainability. In order to be eligible for our program at Operation Delta Dog, veterans should meet the following criteria:

- Have an official diagnosis from a health care provider of PTSD, TBI and/or MST.
- Reside within an hour drive of our Training Center in Hollis, NH, our Training Center in Franklin, NH, or our satellite class at the Jamaica Plains VA Medical Center
- Be able to commit to the full training process (often one year to eighteen months), which may include a combination of two or more group classes per week, in-home individualized training sessions, and self-directed at-home training.
- If residing with others, one must have their complete support in obtaining a service dog.
- Have the ability to care for both oneself and their service dog.
- Be able to provide a safe and stable home for their service dog.
- Successfully pass a background check.

It is the policy of Operation Delta Dog to open our program to all eligible applicants regardless of race, color, religion, creed, sex, gender expression, age, national origin, ancestry, ethnic group, disability, marital status, sexual orientation, socio-economic or cultural background.

The Application Timeline

Typically, the application process takes between 4 – 8 weeks. Please remember there may exist unique situations which will require further attention; as a result, this may impact the overall timeline. This application packet is our initial screening device to determine suitability for the program; ideally, this should take no longer than an hour to complete. Packets and background checks are reviewed on a rolling basis and notification will be provided within two weeks of your application submission regarding your status within the selection process.

If you are chosen to continue on in the process, an in-person interview with our veteran caseworker and select training staff will occur. This discussion will help Operation Delta Dog get to know you better and will provide you with an opportunity to present any questions/concerns that you may have about the program. Following the interview, notification will occur within two weeks if you have been chosen to continue with the process.

Subsequently, our veteran caseworker and one of our trainers will schedule a home visit with you at your residence. The main intent of the visit is to assess the suitability of your present living arrangements (i.e. other animals, residents, and environment) for a service dog.

After the home visit, the Operation Delta Dog staff will collectively review each component of your application and, if selected, you will be notified of the decision within two weeks.

Veterans have the right to leave this process at any time and for any reason, however, Operation Delta Dog retains full rights to any service dog placed with a veteran until graduation.



Your application will **not be considered complete** unless all sections are filled out. Please complete your application and return it with a copy of your Certificate of Release or Discharge from Active Duty (DD-214) via mail or email to:

Operation Delta Dog

19G Clinton Drive

Hollis, NH 03049

apply@operationdeltadog.org

Applicant Information

Date: _____

GENERAL INFORMATION

Full Legal Name: _____

Preferred Name: _____ Preferred Pronouns: _____

Address: _____

Date of Birth: _____ SSN: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Service Branch: Army Navy Marine Corps Air Force Coast Guard
 National Guard Reserves

Please tell us about your military experience (i.e. timeframe, tours of duty, military occupational specialty, etc.).

How did you hear about Operation Delta Dog?

MEDICAL HISTORY/INFORMATION

Have you received a diagnosis (diagnoses) of: PTSD TBI MST

Do you currently have a healthcare provider (e.g., primary care physician)? YES NO

Are you currently seeing a behavioral health specialist (e.g., therapist)? YES NO

Have you discussed this application with your provider? YES NO

Are you allergic to dogs? YES NO

Do you have any physical limitations from past injuries or require assistive equipment (e.g., wheelchair, walker, cane, or prosthetics)? YES NO

If 'yes', please describe: _____

Do you currently have a personal care assistant (PCA) or require full-time assistance from a family member? YES NO

Are you currently on any medications? YES NO

If 'yes', how many medications do you take on a daily basis? 0-3 4-7 8 or more

Select all reasons and severity level (1 – Least Severe to 5 – Most Severe) for requesting a service dog:

- Reduce feelings of isolation/loneliness/hopelessness. 1 2 3 4 5 N/A
- Reduce irritability and/or feelings of anger. 1 2 3 4 5 N/A
- Increase feelings of security/safety at home. 1 2 3 4 5 N/A
- Increase feelings of security/safety in public. 1 2 3 4 5 N/A
- Reduce symptoms of anxiety. 1 2 3 4 5 N/A
- Reduce symptoms of depression. 1 2 3 4 5 N/A
- Waking/Assistance during nightmares. 1 2 3 4 5 N/A
- Assistance during emergencies. 1 2 3 4 5 N/A
- Assistance picking up/retrieving items. 1 2 3 4 5 N/A
- Providing bracing/support to sit, stand, walk, or balance. 1 2 3 4 5 N/A
- Other (please describe below). 1 2 3 4 5 N/A

EMERGENCY CONTACT INFORMATION

In the event of emergency, please contact:

Name: _____ Phone: _____
Email: _____ Relationship: _____

RESIDENTIAL/HOUSEHOLD INFORMATION

Living environment: CITY SUBURB RURAL

Please describe your neighborhood (i.e. busy roads, congestion, parks/woods, etc.).

Type of residence:

SINGLE-FAMILY CONDO MULTI-FAMILY APARTMENT

SHARED HOUSING (e.g., sober house) ASSISTED LIVING

Is your home a: SINGLE LEVEL MULTI-LEVEL

Do you: OWN RENT

If you rent your home, has your landlord/management company been informed about your interest in obtaining a service dog? YES NO

If applicable, landlord/management company contact information:

Name: _____

Phone: _____

Email: _____

Address: _____

Does your property include a fenced-in area? YES NO

List the names, relationship, and ages of everyone living in your home (other than yourself), or others that may frequent your residence on a regular basis.

_____	_____	_____	<input type="radio"/> F/T	<input type="radio"/> P/T
Name	Relationship	Age		
_____	_____	_____	<input type="radio"/> F/T	<input type="radio"/> P/T
Name	Relationship	Age		
_____	_____	_____	<input type="radio"/> F/T	<input type="radio"/> P/T
Name	Relationship	Age		
_____	_____	_____	<input type="radio"/> F/T	<input type="radio"/> P/T
Name	Relationship	Age		

_____	_____	_____	<input type="radio"/> F/T	<input type="radio"/> P/T
Name	Relationship	Age		
_____	_____	_____	<input type="radio"/> F/T	<input type="radio"/> P/T
Name	Relationship	Age		
_____	_____	_____	<input type="radio"/> F/T	<input type="radio"/> P/T
Name	Relationship	Age		

Are all members of your household aware of and in agreement with the addition of a service dog in the home? YES NO

_____	_____
Printed Name of Additional Resident	Signature of Additional Resident

Are any members of your household allergic to dogs? YES NO

Is anyone in the household nervous/unsure around dogs? YES NO

Do you or does anyone in your residence currently own a dog? YES NO

Please list other pets residing within the home (type, age, spayed/neutered, friendly with dogs, current with vaccinations, etc.):

_____	_____	<input type="radio"/> Neutered/Spayed	<input type="radio"/> Vaccines Up to Date
Name/Type	Age		
_____	_____	<input type="radio"/> Neutered/Spayed	<input type="radio"/> Vaccines Up to Date
Name/Type	Age		
_____	_____	<input type="radio"/> Neutered/Spayed	<input type="radio"/> Vaccines Up to Date
Name/Type	Age		
_____	_____	<input type="radio"/> Neutered/Spayed	<input type="radio"/> Vaccines Up to Date
Name/Type	Age		

Current Veterinarian:

Name: _____ Phone Number: _____

WORK / SCHOOL / ACTIVITIES

Are you currently employed? YES NO

If so, on what basis? FULL TIME PART TIME SEASONAL PER DIEM

Place of employment: _____

Are you a retiree? YES NO

Are you currently enrolled in school? YES NO

If yes, on what basis? FULL TIME PART TIME

School Name: _____

Have you discussed the possibility of having a service dog with your place of employment or school?

YES NO

If applicable, do you plan on bringing your dog to work/school? YES NO

If no, why not? _____

If you do not currently fit any of the aforementioned options, please describe your situation below (i.e. volunteer, SSI, SSDI).

Do you have any hobbies or interests? If so, please describe.

Do you have any major life events at the present time or in the near future (e.g., job change, marriage, birth, etc.)?

DOG EXPERIENCE / CONSIDERATIONS

Have you previously owned a dog (other than your current pet if applicable)? YES NO

If so, please describe the situation.

Have you ever had to surrender a pet? YES NO

If so, please describe the situation.

Have you had any previous experience working in dog obedience classes and/or workshops?

YES NO

Do you have any experience handling dogs if you've never owned a dog previously? YES NO

If so, please describe: _____

Do you have someone who would be available to assist you with your service dog should you become ill or need help? YES NO

If yes, please describe: _____

Do you travel frequently? YES NO If yes, how often?

Would/Will you have the opportunity to bring your service dog with you on trips? YES NO

Would your service dog accompany you to social events? YES NO

****Routine dog care expenses can exceed \$3,000 in a typical year (dog food, veterinary check-ups, medications, etc.). Costs may vary due to unexpected expenses (e.g., emergency care) throughout a dog's lifetime.****

Is this something that you will be able to cover? YES NO

TRAINING

Will you be able to arrange your schedule to attend training sessions with your service dog at Operation Delta Dog's training facility on a weekly basis? YES NO

What time of day are you most available for classes (check all that apply)?

Morning Afternoon Evenings

Do you have access to a reliable mode of transportation (i.e. car, bus, public transportation, etc.)?

Do you have any concerns about receiving a service dog and participating in the training program? If so, please describe.

Are you interested in being matched with a mentor; a veteran graduate who will be available for support throughout your training? YES NO

Date upon which you are available to begin training with Operation Delta Dog:

BACKGROUND CHECK

Have you been convicted of a felony or misdemeanor? YES NO

If so, please describe: _____

Have you resided in any states beside your current location in the past 10 years? YES NO

If yes, please list: _____

I consent to Operation Delta Dog accessing my criminal background check for all applicable states noted above: YES NO

NOTE: Applicants must notify Operation Delta Dog immediately if they are arrested or convicted of a felony or misdemeanor during the training process. A conviction or arrest will not necessarily disqualify applicants or participants.

Signature

Date