

Veteran Application

OPERATION DELTA DOG

Sit. Stay. Heal.

Tel 603.921.5253

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Hollis, NH 03049

www.operationdeltadog.org
apply@operationdeltadog.org



Table of Contents

Application Process	2
Applicant Information	5
Terms & Conditions	13
Consent for Release of Information	15

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), 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.

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 and/or TBI.
- Reside within a 30-mile radius of Hollis, New Hampshire.
- 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 his or her service dog.
- Be able to provide a safe and stable home for their service dog and successfully pass a background check.

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. Lastly, you will be added to our waitlist and provided with more information regarding next steps.



Instructions for Completion of the Application Packet

The application packet contains the following sections:

- Applicant Information
- Terms & Conditions

- Consent for Release of Information
- Background Check Release

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**), and Background Check Authorization Form via mail or email to:

Operation Delta Dog

19G Clinton Drive

Hollis, NH 03049

info@operationdeltadog.org

Applicant Information

Date: _____

CONTACT INFORMATION

Name: _____ Preferred Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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

If yes, please list: _____

Do you have a driver's license? YES NO

Are you a military veteran? YES NO

If so, please tell us about your military experience (i.e. military branch, timeframe, tours of duty, military occupational specialty, etc.).

How did you hear about Operation Delta Dog?

MEDICAL HISTORY/INFORMATION

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

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

Are you allergic to dogs? YES NO

If you have other disabilities or use equipment (e.g., wheelchair, walker, cane, or prosthetics), please describe.

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

Check all reasons for requesting a service dog:

- Assistance during emergencies
- Pick up/retrieve items
- Increase feelings of security/safety at home or in public places
- Increase emotional stability (e.g., panic, anxiety)
- Alleviate severity of symptoms associated with depression
- Waking/assistance during nightmares
- Providing bracing/support to sit, stand, walk, or balance
- Other (please describe below)

PHYSICIAN & EMERGENCY CONTACT INFORMATION

Physician Name: _____

Physician Address: _____

Street

City

State

Zip Code

Physician Phone: _____

In the event of emergency, please contact:

Name: _____

Phone: _____

Email: _____

Relationship: _____

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

RESIDENTIAL INFORMATION

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.

_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
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

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.):

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

LIFESTYLE

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

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

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

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

Routine dog care expenses can exceed \$2,000 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

DOG EXPERIENCE / CONSIDERATIONS

Have you previously owned a dog? YES NO

Have you ever had to surrender a pet? YES NO

If so, please describe the situation.

How many hours/day would your service dog be alone?

How often would you plan to walk/exercise your service dog?

Where will your service dog be left during the day/night?

Do you have a plan for your service dog's toilet requirements?

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

Do you travel frequently? YES NO If so, 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

TRAINING

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

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

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

YES NO

Do you have any experience handling dogs? YES NO

If so, please describe.

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

If so, please describe.

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.

TERMS AND CONDITIONS

Please initial next to each term and condition to signify your acknowledgement and consent.

- 1) Operation Delta Dog reserves the right to remove an animal from my care if staff feels that the animal is being mistreated in any way. _____

- 2) Operation Delta Dog representatives may occasionally visit my residence to check on the dog's welfare. If I have been uncommunicative, this visit may be unannounced.

- 3) If approved, I agree to observe a weekly training classes while waiting to be matched with my service dog-in-training. _____

- 4) Operation Delta Dog's training program requires approximately one to two training classes per week for one year to eighteen months in the Southern New Hampshire/Merrimack Valley area. If my application is accepted, I commit to attending up to two classes per week and training my dog at home. _____

- 5) If at any time I am unable or unwilling to continue the service dog partnership for any reason, I will contact a representative of Operation Delta Dog and return the animal to the organization's care. _____

- 6) If additional training or refresher training becomes necessary, I will make myself and my dog available for classes. _____

- 7) My service dog will spend most of its time with me and will not be left alone for long periods of time. _____

- 8) I will maintain regular veterinary visits and follow the recommendations for all necessary medications, vaccinations, weight management, and other health matters. _____

- 9) I understand that routine dog care expenses can exceed \$ 2,000 in a typical year (dog food, veterinary checkups, medications, etc.) and I agree that I am able to cover both routine and unexpected expenses during the dog's lifetime. _____
- 10) As a recipient of an Operation Delta Dog service dog, I serve as an ambassador of the program and agree to manage my dog properly and conduct myself in a way that will reflect positively on the program, fellow veterans and service dog handlers. _____
- 11) Once the dog is fully trained and has graduated, I will appropriately answer the two questions that may be asked of me by anyone under the Americans with Disabilities Act (ADA): Is the dog a service animal? What work or task has the dog been trained to perform? _____
- 12) Even after training is complete, I will maintain regular contact with Operation Delta Dog and let a staff member know if I am experiencing problems or need extra assistance with any aspect of the service dog partnership. _____
- 13) If accepted and successfully matched with a service dog, my name and likeness may be used by Operation Delta Dog on the website, social media, video, or other platform to assist in furthering the organization's mission. _____

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and current situation. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from receiving a service dog. I authorize investigation of all statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail is available concerning my application for a service dog.

Signature of Applicant

Date

Consent for Release of Information

I, _____, give consent for the professionals listed below to release to Operation Delta Dog information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside Operation Delta Dog, and will be used for the sole purpose of assessing my qualifications for and ability to provide a suitable home for a service dog. I further authorize Operation Delta Dog to obtain criminal background information and financial credit verification for the purposes of determining my ability to maintain and care for a service dog if provided from Operation Delta Dog.

Signature of Applicant

Date

PRIMARY CARE DOCTOR

Name

Medical Facility

Address

Phone

VETERAN CASEWORKER

Name

Medical Facility

Address

Phone

PSYCHOLOGIST/PSYCHIATRIST

Name

Medical Facility

Address

Phone

VETERINARIAN

Name

Medical Facility

Address

Phone

OTHER MEDICAL PROFESSIONAL

Name

Medical Facility

Address

Phone