



PO Box 25679
Columbia, SC 29224
803.788.7063
info@paals.org
www.paals.org

APPLICATION FOR A PAALS SERVICE DOG

Application Fee- \$30.00

A Service Dog is specially trained to help someone physically challenged. The dog can pick up dropped articles, retrieve items off counter tops, turn on and off light switches, carry things and pull a manual wheelchair up ramps and short distances. They can also learn behaviors that assist children with autism to better cope with public situations and their challenges.

Applying for a PAALS assistance dog is a multi-step process. The application must be completed and returned to PAALS along with our enclosed medical history form from your doctor. Upon receipt of these two forms, an interview will be scheduled. (Please note that an interview will not be scheduled if the medical history form from your doctor has not been received.) If you are not local to the Columbia, SC area then a separate home visit will be scheduled after you travel to Columbia for the interview.

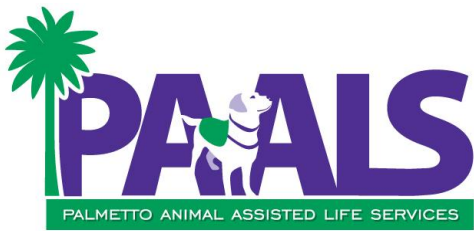
Those who are eligible to receive a service Dog must spend two weeks with PAALS in Columbia, SC, learning how to work as a team with their new dog. This requires a stay at a local hotel for those who are not already in the Midlands area.

If the applicant is under thirteen years of age or cannot assume total responsibility for a Service Dog, a facilitator must accompany the applicant and become part of the Service Dog team. This is considered a skilled team service dog or facilitated service dog placement.

The cost associated with training you and your Assistance Dog should not prohibit you from applying for a service dog. PAALS asks that everyone participate in fundraising like they do in the Habitat for Humanities program. In other words, you are helping to “build” a dog for someone else while we help “build” a dog for you. It costs PAALS up to \$22,000.00 and two years to train and place an assistance dog with someone in need. You are not responsible for this amount. We ask that you try to meet the goal of raising 1/3 of the cost for one dog, or approximately \$7,000.00.

You may be able to direct us to potential funding sources that may be interested in supporting our work, and in particular, training you and your dog. Following your interview and acceptance, you will receive a sponsorship kit and meet with PAALS to discuss this further.

All PAALS Service Dog teams have public access rights under the ADA.



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Autism and Other Related Disorders Application

Personal Information

Date: _____

Full Name of Applicant: _____

If under 18, Name of
Mother _____ Father _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Email: _____

Height: _____ Weight: _____

What is the applicant's full diagnosis?

Date of Birth: _____ Male: Female:

Marital Status: Single Married: Divorced:

Are there any other disabilities in your household?

Parent/Guardian Information

Occupation: _____ Employer _____

Address: _____ Years at this job: _____

Phone: _____ Supervisor: _____

Hrs. worked per week: _____



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Employment/School Information (Dogs are not always permitted to accompany their partner to school)

Where are you employed/attend school? _____

Town _____ State _____

Length of present employer/yrs @ school: _____

School Completed: _____

If in school, do you use a shadow or aide? Yes No

Are there any others animals in your classroom/office? _____

Are there any other animals in the building where you work/go to school? _____

Have you discussed this application with your principal or superintendent or employer? _____ If so, do you have his/her support? _____

Applicant History

Describe the applicant's:

Activity Level Low Moderate High

Mobility: Does the applicant use a wheelchair? Yes No
If so, electric or manual?

Is one side of the applicant's body stronger than the other?
 Yes No Which: _____

With one or both hands? Is mobility limited?

How? _____

Is the applicant restricted in the use of his/her hands or arms?

Yes No

If yes, how so? _____



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On a scale of 1 to 5 (1=poor, to 5=excellent) describe applicants:

| | | | | | |
|---------------------|---|---|---|---|---|
| Upper body strength | 1 | 2 | 3 | 4 | 5 |
| Range of motion | 1 | 2 | 3 | 4 | 5 |
| Grip strength | 1 | 2 | 3 | 4 | 5 |

Living Arrangements

Do you live in the city, suburbs, or rural area? _____

Housing: Home w/ parents Apartment One level Multi-levels
 Group Home

Name/Location: _____

Yard: With fence Without fence

Do you: Rent Own

If renting, have you discussed having a dog living on premises with your landlord?

Yes No

Describe your neighborhood, i.e. busy roads, neighbors close by, dogs/cats running free, etc. _____

Do you have many visitors? Yes No

How long does it take you to travel to work/school? _____

What types of transportation do you use?

Car Bus Van Train Plane



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List all people residing with you in your home:

| <u>Name</u> | <u>Relationship</u> | <u>Age</u> |
|-------------|---------------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Signature of Applicant)

Medical Information

Primary physician _____ Phone _____

Address _____

Have you discussed this application with your doctor? Yes No

Is she/he in favor of your getting a service dog? Yes No

Please list all medications you take:

Please list ALL physicians who currently treat you and list their field of specialization.

Your Training with the Dog

Are you able to take time off work/school to attend a one week training session in Columbia, SC to learn how to work your PAALS dog? _____

Have you ever attended dog obedience class? _____
What level? _____



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Do you smoke? Yes No

Are you willing to participate in an on-going training session once you get a service dog? Yes No

Dog Information

A successful assistance dog applicant must be able to care for the daily need of his or her dog. Therefore we ask you to consider and answer the following: (please indicate if you are unable to do a certain task.)

Where will your dog be taken for toilet requirements? _____

When do you get out of bed in the morning? _____

What time do you retire in the evening? _____

Will the dog be exercised and have playtime? Yes No

Have you ever had a pet dog before? Yes No

Do you or anyone in your household have a dog now?

If so, what is the age: _____ Sex: _____ Neuterd: Yes No

When traveling, would you take the dog with you on trips?
Yes No

How many hours per day would the dog be left alone? _____

Is there a particular type/breed dog that you do not like? _____



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The size of dog you'd prefer: Small Medium Large
Choose five of the following words that would best describe the dog you would like to have.

- serious Slow Playful Calm
- Willing Attentive Energetic Sensible
- Responsible Smart Protective Dependable
- Stable Confident Happy Trusting
- Easy going Independent Assertive
- Excitable Communicative Sweet

Choose five of the following words that describe traits you would NOT like to have in a dog.

- Serious Indifferent Distracted Slow
- Calm Playful Manipulative Stubborn
- Protective Resistant Jealous Fearful
- Excitable Assertive Submissive
- Foolish Dependent No-nonsense

All dogs are taught basic dog obedience and socialized in public situations. Describe the ways you believe a service dog can assist the applicant in activities or daily living? _____



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Please list other service dog organizations to which you have applied and your status with them.

The reason I want a service dog is :

Do you understand that if you are selected as a PAALS client a two week training session in Columbia will be required as well as a tuition fee of \$5,000 that can be fundraised or paid will be required prior to team training? Yes No

Do you certify that all the above information is correct, complete, and accurate.
Yes No

(Signature)

(Date)

Tell us more about yourself---hobbies, activities, clubs, interests, etc.

What questions or concerns do you have that we may address?

Please return this application with the non-refundable deposit of \$30 **AND A LETTER OF RECOMMENDATION FROM A NON-FAMILY MEMBER IN SUPPORT OF YOUR ABILITY TO CARE FOR AN ASSISTANCE DOG AND NEED OF to:**

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