



Dear Applicant:

Thank you for your interest in applying for a service dog, through Indiana Canine Assistant Network, Inc. (ICAN). Entering into the process of applying for a service dog can be an emotional undertaking: excitement of the prospect of gaining a skilled canine helper, frustration with the length and uncertainty of the wait, questioning of your own (or your family's) readiness to incorporate an ICAN dog into your life. Please read the FAQ on our web site **before** you apply for an ICAN dog (www.icandog.org).

WHERE TO SEND A COMPLETED APPLICATION?

ICAN – Client Services
1801 North Meridian Street
Indianapolis, IN 46202

Please call 317- 250-6450, Ext. 16 with any questions or concerns throughout the application process. Again, thank you for your interest in ICAN!

Sincerely,

ICAN Client Services

Encl: Personal application form for a service dog
Medical reference form
Personal reference form



PERSONAL APPLICATION FORM FOR AN ICAN SERVICE DOG

DIRECTIONS: Please *print* or *type* your responses in the spaces provided. You may attach additional sheets as needed. We appreciate your time. The more we know about you, the more likely it is to we can choose a dog with the right qualifications for you.

I. BACKGROUND INFORMATION

Type of Desired Placement: (please choose 1 of 4 options)	Assistant In-home placement	Facilitated-Team Facility
Today's date		
First name:		
Last name:		
Age and date of birth		
Address: Street		
City/State/Zip		
Home phone: (include area code)		
Work phone: (include area code)		
Email (if available)		
Sex: (circle one)	Female	Male
Weight and height:		
Type of disability:		
Date of disability:		
Is your disability progressive?	No	Yes
Other medical considerations:		
Have you applied for a service dog from another program?	No	Yes

II. MOBILITY INFORMATION: Please check that all apply

Walk normally:	Crutches (1 or 2):
Walk slowly but steadily:	Cane:
Walk unsteadily:	Use walker:
Non-ambulatory:	Braces:
Wheelchair-manual:	Wheelchair-power:

III. HAND AND ARM MOVEMENTS

Right-handed:	Left-handed:
Describe any limits in hand or arm movements:	

IV. DISABILITIES: Please check all that apply

Speech	Hearing
Impaired reaction speed	Pain intolerance
Vision	Learning disability (indicate type)
Other (please describe):	

If you have checked any of the above, please describe the nature of the disability and provide relevant information on if and how it effects your functioning.

Describe any special areas of disability not covered above or any area of physical need that you feel ICAN should be aware of.

IV. DAILY ACTIVITIES: Please check that all apply relative to the daily activities that you are currently involved with

Work (specify kind):			
School (specify level and location):			
Other regular activities/hobbies (e.g., shop, computers, visit, etc.)			
Do you describe yourself as:	Inactive Active	Active	Very
Do you spend a major part of your day in bed?	No	Yes	
If "yes" to above, how many hours?			
What, if any, specific places do you go to that a dog should be familiar with (e.g., physical therapy, public transportation, etc.)?			

V. USAGE INFORMATION: Do you experience difficulties in any of the following activities? Check all that apply. Then rank the top 3 items (indicate highest rank with 1, and so on) based on which activities you would most want help from a service dog on.

Picking up dropped objects	Opening household door
Opening commercial door	Getting help in case of an emergency
Carrying items (list)	Turning light switches "on/off"
Getting up from the ground	Getting up from a seated position
Retrieving cordless phone	Moving wheelchair up steep ramps/inclines
Poor balance in walking	Difficulty on stairs
In what other areas do you feel a service dog might assist you?	

VI. GENERAL INFORMATION

How many other pets do you own?
(specify number, type, and age)

If other pets, do they live inside or
outside?

What is your prior experience with
dog care?

Housing (indicate one): Apartment House Group Home Other (specify)

A service dog would have
access to (indicate one): Fenced exercise area
Non-fenced exercise area
No access
Other

Do you plan to move in the
near future? No Yes (explain)

How many other people live with you?
List names, age, and relationship to
each individual

Are you, or anyone you live with,
allergic to dogs? No Yes

Have you ever been convicted
of a felony? No Yes

Have you ever been investigated
for animal cruelty or neglect by a
humane organization? No Yes (explain)

Do you have strong feelings about
what traits you like and dislike in a dog? No Yes (explain)

If you were to receive a service
dog, how do you expect it to change
your life?

VII. LIVING WITH A SERVICE DOG: A service dog needs daily feeding, training, attention, and care. Please indicate which of the following you can commit to providing:

Veterinary care

Heartworm medicine

Recommended food

Flea control

Weekly grooming

Emergency care

Treating the dog as a working dog, not a pet. This means not allowing strangers to pet the dog in public without your permission, ensuring that the dog behaves in public, and being the person in your dog's life that will be responsible for the dog's care and well being.

Does anyone in your household have concerns about having a service dog in their home? If so, please explain.

VIII. ALTERNATE CONTACT

Please provide the name of a friend or relative we can call if we can't reach you:

Phone number of person listed above (work and home if available)

Relationship to person listed above

IX. PERSONAL/PROFESSIONAL REFERENCES: Please provide the name, address, phone number and email (if possible) of a person who is not related to you but who knows you fairly well. Remember to have at least one of these individuals complete the Personal Reference Form in this packet.

- 1.
- 2.
- 3.

X. MEDICAL REFERENCES: Please provide the name, address, phone number and email of a medical professional(s) who knows you and your medical history well. Remember to have your at least 1 of these individuals complete the Medical Reference Form in this packet.

- 1.
- 2.

XI.FUND RAISING: Please list clubs, civic organizations, churches, etc. that you think would be willing to sponsor the cost (total or part) of a service dog. Please include: Name of person to contact, name of organization, address, phone number, and email (if available).

- 1.
- 2.
- 3.

XII. INFORMATION AND PHOTO RELEASE

I attest that the information I have provided above is accurate, truthful, and up-to-date to the best of my knowledge. Enclosed is my \$25.00 non-refundable/tax deductible application fee to Indiana Canine Assistant Network (ICAN).

I, hereby give permission to ICAN to use my name, city, and photographic image in its printed brochures, newsletters, videotapes, press releases, and fund raising efforts. This permission continues until such time as I give ICAN written notice rescinding said permission.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or guardian signature if applicant is a minor)



MEDICAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT: I understand that information to be released may include medical information, diagnosis, drug abuse, alcohol abuse, psychological or psychiatric impairments, and/or other physical conditions. I certify this authorization is made voluntarily. I understand that the information to be released is protected under state and federal laws and cannot be re-disclosed without further written consent unless provided for by state and federal laws. I understand I may revoke this authorization at any time, except to the extent that action has already been taken. If not previously revoked, this consent will expire six months from date of signature.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent or guardian signature if applicant is a minor)

Signature of witness _____ Relationship _____

TO BE COMPLETED BY PHYSICIAN/PSYCHOLOGIST/PSYCHIATRIST/HEALTH PROFESSIONAL: Your patient, _____, is applying to Indiana Canine Assistant Network, Inc., for a service dog. It is important that we determine his/her needs in order to match suitable dog partners for our potential recipients. Thank you for taking the time to answer the following questions. If necessary, use a separate sheet of paper. Please return the completed form to ICAN at the address listed below (questions? 317. 250.6450 x16).

ICAN – Client Services
1801 North Meridian Street
Indianapolis, IN 46202

Your first name:

Last name:

Address: Street

 City/State/Zip

Relationship to patient (e.g., physician,
psychologist)

1.	How long have you known your patient?
2.	Diagnosis and/or type of disability?
3.	Date of diagnosis
4.	Have you ever discussed the possibilities and abilities of a service dog with your patient?
5.	In your opinion, can your patient care for a dog on his/her own or will they need help?
6.	Does your patient have any special psychological needs? If so, describe.
7.	How would you describe your patient's personality?
8.	Have you required your patient to work on building his/her physical strength in any way? If so, what?
9.	Do you feel there is any danger physically that a service dog could harm your patient (i.e., pulling on lease, strain on muscles, etc.)
10.	In your opinion, is you patient well suited physically, emotionally, and mentally to work with and handle a dog?
11.	A service dog can be a big help, but also comes with responsibilities. Do you feel your patient will be able to care for a dog's needs (i.e., exercise, play, quality dog food, vet care, etc.)?

Signature of health care professional: _____ Date: _____

7.	How do you think a service dog would help the applicant physically?
8.	What facilities does the applicant have for exercise and a dog's well-being?
9.	Does the applicant have or have access to a fenced yard?
10.	A service dog can be a big help, but comes with responsibilities. Will the applicant be able to care for the dog's needs (ex: exercise, play, quality pet food, vet care)?
11.	If the applicant would need assistant with any of the above, do you know who would be available to help?
12.	How does the applicant handle emotional challenges (e.g., anger, disappointments)
13.	Does the applicant express bitterness and frustration toward his/her disability? If so, how?
14.	Do you think the applicant's family and friends are supportive of the idea of having a service dog?
15.	Who is the immediate support group of the applicant (i.e., sister, close friend).
16.	In your opinion, is the applicant well suited physically, emotionally, and mentally to work with and handle a dog?
17.	Other comments:

Signature: _____ Date: _____