



Dear Applicant:

Thank you for your interest in applying for a facility dog, through Indiana Canine Assistant Network, Inc. (ICAN). Entering into the process of applying for a facility 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 facility dog

**In order for your application to be accepted, we need a letter from your facility's administration supporting your desire to incorporate a facility dog into your work. The letter needs to include the following: Permission for you to attend 5-7 days of training to learn to work with your ICAN dog
Details regarding ownership of dog should you leave the facility
Support for incorporating a facility dog into your facility

INDIANA CANINE ASSISTANT NETWORK FACILITATOR INFORMATION FORM

This form is to be completed by the potential facilitator. (the individual who will assume the responsibility of managing the Facility Dog's work and interactions, as well as managing the Facility Dog's health and well-being at all times)

Today's date Name: Title: Name of Facility: Address: Street City/State/Zip Home phone: (include area code) Work phone: (include area code) Work Email: Home Email:	
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Briefly describe your job at the facility or within the program.

Do you reside at the facility?

What days and hours do you work at the facility or organization?

Please describe your work environment. (physical layout, activity level, co-workers activities, etc.)

How many hours per day do you spend with facility or program clients?

Do you work with the facility clients or program participants in areas outside of the facility? (i.e. going on outings, providing transportation or services in the clients' homes) If yes, please describe.

What is your average length of association with facility clients or program participants?

How long do you expect to continue working at the facility or in this program?

Do you have any physically disabling condition or health concerns?

How do you envision a Facility Dog being of assistance to you in your job, and of benefit to your clients?

What do you envision as your responsibility in utilizing a Facility Dog in your work?

How do you think having a Facility Dog working with you may change your work routine?

Do you have a place at work to leave the Facility Dog for a short period of time for those times when you are not able to directly supervise its work or interaction? (such as working with clients when a Facility Dog's presence may not be appropriate) If yes, please describe.

Do you have any questions or concerns about assuming the role of the Facilitator in a Facility Team Placement?

Personal Information

As the facilitator in a Facility Team Placement, you will be responsible for the dog at all times, working hours and off work hours. (evenings, weekends, holidays, etc.) the Facility Dog will travel to and from work with you, and reside with you when you are not at work. You will be responsible for the dog's work and maintaining its skills, as well as managing its health and well being. The following questions are to gain more information about you, where you live and your lifestyle

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?

Please provide a description of your home and neighborhood.

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

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

If you have no yard, do you have a place nearby to toilet and exercise a dog? Please describe how you will handle these responsibilities.

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

How would you describe the activity

level of your household?

Do you, or does anyone in your household, smoke?

No

Yes (explain)

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)

Are you willing to be matched with a dog regardless of breed, sex, size, or color?

If no, please describe your preference and reason for your preference (personal or professional reasons for preference, etc.)

****Please include a recent picture of yourself with this application form.***