



Dear Applicant:

Thank you for your interest in applying for an ICAN Facility Dog. Applying for a Facility Dog can be very overwhelming. It is an emotional undertaking; excitement of submitting the application, potentially being placed on the wait list, uncertainty of the length of time before meeting potential matches, and questioning of your own (or your family/facility) readiness to incorporate a Facility Dog into your life. Please read the FAQ on our website ***before*** completing the application. (<https://www.icandog.org/frequently-asked-questions/>)

Send your completed application to:

ICAN
Director of Client Success
5100 Charles Court, Suite 100
Zionsville, IN 46077

Please call 317-672-3865 with any questions or concerns through the application process.

Sincerely,

Sandi Clark
Director of Client Success

ICAN reserves the right to deny services to any applicant which doesn't meet the criteria necessary for placement of a service dog or who requires services not trainable within the guidelines of the organization.



This form is to be completed by the individual who will be facilitating the dog in the work environment. (The individual who will assume the responsibility of managing the Facility Dog at work as well as managing the Facility Dog's health and well-being at all times).

Today's Date: _____

Name of Facility: _____

Your Name and Title: _____

Facility Address: _____

Work Phone/Email Address: _____

Home Address: _____

Cell / Home (circle one) Phone number: _____

Personal Email Address: _____

Do you reside at the facility? _____

What days/hours do you work at the facility?

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

Do you work weekends and/or holidays?

Describe your job at the facility or within the program:

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

Do you work with the facility clients or program participants in areas outside of the facility? (Example: Going on outings, providing transportation or services to the clients' home) If yes, please describe.

What is your average length of association with the 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 conditions or health concerns?

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

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 when you are unable to directly supervise its work or interactions with participants? (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 of animals, type and ages)

If you own other pets, do they live inside or outside?: _____

What is your prior experience with dog care? _____

Housing (please check one):

____ Single family home _____ own _____ rent

____ Apartment/Condo _____ Other (please specify) _____

Facility Dog would have access to:

____ Fenced exercise area
(circle one)

____ wood _____ iron _____ chain link

____ Electronic/Invisible Fence

____ Non-Fenced exercise area

____ No access

____ Other: _____

Do you plan to move in the next 2-3 years? _____ NO _____ YES

How many other people live with you? _____

List names, ages and relationship of those living with you. _____

How would you describe the activity level of your household? _____

Do you, or does anyone in your household smoke? _____ No _____ Yes (who/how much) _____

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

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).

LIVING WITH A FACILITY DOG:

A Facility Dog requires daily feeding, training, attention and care. The average monthly cost associated with caring for a Facility Dog ranges from \$120-\$150. Please indicate which of the following you can commit to providing:

Veterinary Care **MONTHLY** flea/tick and heart worm preventatives

High quality dog food Daily/Weekly grooming

Emergency care Working dog medical insurance

ALTERNATE/EMERGENCY CONTACT

Please provide the name and contact information for a friend/family member we may contact if you can't be reached:

Name: _____ Relationship: _____

Phone number: _____ Email: _____

Please attach a recent picture of yourself with this application.

A letter from your facility's administration supporting your desire to incorporate a Facility Dog into your daily work routine must be included with your application. The letter must include the following:

- Permission for you to attend 5-7 days of Team Training
- Details regarding ownership of the dog should applicant leave the facility
- Financial support including who will be responsible for the placement fee, food, medical care, etc, of the dog once it is placed.

I attest that the information I have provided in this application is accurate, truthful, and up-to-date to the best of my knowledge. I have enclosed my \$75 non-refundable/tax deductible application fee.

Signature

Date

MEDIA RELEASE

I hereby give permission to ICAN to use my name, city and photographic image in its printed brochures, newsletters, videos, social media, press releases and fundraising efforts.

Signature

Date