



Dear Applicant:

Thank you for your interest in applying for an ICAN Diabetes Alert Service Dog. Applying for a Diabetes Alert Service 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's) readiness to incorporate a Service Dog into your life. Please read the FAQ on our website ***before*** completing the application. (<https://www.icandog.org/how-ican-brings-hope/faq/>)

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 throughout the application process.

Sincerely,

Sandi Clark
Director of Client Success

Attachments: Personal application form for a Diabetes Alert Service Dog
Medical Reference Form (to be completed by your current treating endocrinologist)
Personal Reference Form (to be completed by a non-family member)

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



Diabetes Alert Dog Application

PERSONAL INFORMATION

Please print your information in the spaces provided below. You may attach additional sheets as needed. We appreciate your time. Be as detailed as possible. The more details you provide helps us to make the best possible match.

Today's Date: _____

Applicant's Name: _____

Date of Birth: _____

Complete Address: _____

Home/Cell Phone: _____

Work Phone: _____

Personal email: _____

Sex: _____ Male _____ Female

Height: _____ Weight: _____

Have you applied for a Diabetes Alert Service Dog from another program: _____ Yes _____ No

If so, which one(s): _____

DIABETES TYPE

Please check the most appropriate description of your diabetes:

Type I (Child) _____ Type I (Adult) _____

Type II Insulin Dependent _____ Type II Non-Insulin Dependent _____

Pump? _____ Monitoring method _____

HYPOGLYCEMIA EVENTS

How often do you experience Hypoglycemia in a week? _____

How often are you unaware of your Hypoglycemia? _____

How often do you need medical attention because of Hypoglycemia? _____

What is a typical low blood sugar for you? _____

What is the lowest blood sugar level you have experienced? _____

Please describe a typical Hypoglycemia event. Please include any physical, emotional and mental symptoms that you experience. Include as many details as possible. Feel free to use additional pages:

MOBILITY INFORMATION: NA: _____

Please check all that apply

Gait Pattern (walking): _____ Normal _____ Slow _____ Unsteady _____ Non-Ambulatory

Crutches: _____ Yes _____ No 1 or 2 (please circle)

Cane: _____ Yes _____ No Walker: _____ Yes _____ No Braces: _____ Yes _____ No

Wheelchair: _____ Power _____ Manual _____ Scooter

HAND AND ARM MOVEMENT: NA: _____

Right Handed: _____ Left Handed: _____

Describe any limitations in hand or arm movements: _____

OTHER INFORMATION:

Please describe the nature of the difficulty and provide relevant information on if/how it affects your functioning. If it does not apply, please mark n/a.

Neuropathy: _____

Difficulty With Wound Healing: _____

Speech Difficulties: _____

Hearing Difficulties: _____

Vision Difficulties: _____

Reduced Reaction Response: _____

Learning Difficulties (please describe): _____

Please list anything else you feel we should be aware of: _____

DAILY ACTIVITIES:

Work (specify job duties, responsibilities and location): _____

School (specify grade level and location): _____

Other routine daily activities (computers, hobbies, interest, etc): _____

Do you describe yourself as: _____ Inactive _____ Active _____ Very Active

Do you spend a major part of your day in bed? _____ Yes _____ No How many hours? _____

What specific places/locations do you frequent that a dog should be familiar with? (movies, public transportation, library, grocery, etc): _____

In what other areas do you feel a Service Dog might assist you: _____

GENERAL INFORMATION:

How many other pets do you own? (Specify type, number and age): _____

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) _____

Service 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 to you _____

Do you, or does anyone in your household smoke? ____ No ____ Yes If so, 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

If you were to receive a Service Dog, how do you expect it to change your life? _____

LIVING WITH A SERVICE DOG:

A Service Dog requires daily feeding, training, attention and care. The average monthly cost associated with caring for a Service 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

You must treat the Service Dog as a working dog, not a pet. This means not allowing strangers to pet the dog when out in public, unless they have been given your permission, ensuring that the dog has appropriate behaviors while out in public, and being the person in the dog's life that will be responsible for the dog's care and well-being.

Does anyone in your home have concerns about having a Service Dog in their home?

_____ No _____ Yes If Yes, please explain: _____

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: _____

PERSONAL REFERENCES

Please provide contact information of individuals who are not related to you, but knows you fairly well. One of these individuals must fill out the Personal Reference Form.

| NAME | PHONE | EMAIL |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

MEDICAL REFERENCES

Please provide contact information of medical professionals who you are currently receiving treatment from, and who know your medical history fairly well. At least one of these individuals must fill out the Medical Reference Form.

| | | |
|----------|-------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

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
(Parent or guardian signature if applicant is a minor)

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
(Parent or guardian signature if applicant is a minor)

Date



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 redisclosed 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? 317-672-3865).

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

Medical Professional

First name:

Last name:

Address:

Relationship to patient (e.g., physician,
psychologist, social worker, therapist)

| | |
|-----|--|
| 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 your 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: _____



PERSONAL REFERENCE FORM

TO BE COMPLETED PERSONAL REFERENCE: Your name has been given as a personal reference by _____, who is applying to Indiana Canine Assistant (ICAN) Inc., for a service dog. It is important that we assess each applicant's needs carefully in an effort 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? 317-672-3865)

ICAN

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

Your first name:

Your last name:

Address:

Relationship to applicant (e.g., friend, co-worker)

1. How long have you known the applicant?
2. Describe, in detail, the applicant's personality (e.g., shy, outgoing, patient, impulsive, etc.)
3. Is the applicant a "dog person"?
4. Does the applicant have a dog now? If so, describe how you have seen him/her interact with the dog?

| | |
|-----|--|
| 5. | If the applicant does not have a dog, have you seen him/her interact with other pets? If so, describe this. |
| 6. | Do you think that a service dog would improve the applicant's life? If so, in what way? |
| 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 assistance 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., family, 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: _____