



Dear Applicant:

Thank you for your interest in applying for an ICAN Service Dog. Applying for a 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/>)

ICAN *does not* place Emotional Support Dogs (ESD)

Send your completed application and \$75 non-refundable/tax donation 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 Service Dog
Personal Reference Form (to be completed by a non-family member)
Medical Reference Form (to be completed by EACH current treating physician)
Mental Health Professional Form (to be completed by current mental health professional)

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.



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.

Type of desired placement: _____ Public Access Assistance Dog
(covered by the ADA, can accompany owner in public)
_____ Facilitated Public Access Assistance Dog
(covered by the ADA, can accompany owner in public)
_____ In-Home Skilled Companion
(NOT covered by the ADA, NO public access)

Today's Date: _____

Applicant's Name: _____

Guardian's Name (if different than applicant): _____
Relationship: _____

Date of Birth: _____

Complete Address: _____

Home/Cell Phone: _____

Work Phone: _____

Personal email: _____

Sex: _____ Male _____ Female

Height: _____ Weight: _____

Diagnosis/Disability (Please list all): _____

Is your primary need for a Service Dog for PTSD? _____ Yes _____ No

Is your diagnosis progressive: _____ Yes _____ No

Other medical conditions: _____

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

If so, which one(s): _____

MOBILITY INFORMATION:

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: _____ NA _____ Power _____ Manual _____ Scooter

HAND AND ARM MOVEMENT:

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.

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) _____

USAGE INFORMATION:

Do you experience difficulties in any of the following activities? Check all that apply. Rank the top three (3) tasks based on which activities you would most want help most with from a Service Dog.

_____ Picking up dropped items

_____ Getting help in case of emergency

_____ Opening doors in the home

_____ Opening commercial doors in public

_____ Turning light switch on/off

_____ Getting up from a seated position

_____ Getting up from the ground

_____ Retrieving items (phone, remote, keys)

_____ Poor balance when walking

_____ Difficulty on stairs

_____ Moving wheelchair up steep incline

_____ Carry items (list): _____

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

GENERAL INFORMATION:

How many other pets do you own? (Specify number, type, 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 ____ Group Home

____ 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. 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 Date

INFORMATION AND 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



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: _____



Mental/Emotional Evaluation of Patient

To be completed by Current Treating Physician/Therapist/Social Worker

Intrusive Symptoms of PTSD:

- | | Yes | Minimally | No |
|--|------------------------------|------------------------------------|-----------------------------|
| 1) Distressing memories or images of the incident | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Nightmare of the event or similar themes | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |
| 3) Flashbacks | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |
| 4) Physical Symptoms, such as sweating,
increased heart rate, or muscle tension
when reminded of the event | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |
| 5) Becomes upset when reminded of incident | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |

PTSD Avoidance/Numbing Symptoms:

- | | Yes | Minimally | No |
|--|------------------------------|------------------------------------|-----------------------------|
| 1) Trying to avoid any reminders of the trauma,
such as thoughts, feelings, conversations,
activities, places and people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Gaps in Memory – forgetting parts of the
experience | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |
| 3) Losing interest in normal activities | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |
| 4) Feeling cut-off or detached from loved ones | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |
| 5) Feeling flat or numb | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |
| 6) Difficulty Imagining a future | Yes
<input type="radio"/> | Minimally
<input type="radio"/> | No
<input type="radio"/> |

Arousal Symptoms of PTSD:

- | | | | |
|---|-----------------------|-----------------------|-----------------------|
| 1) Sleep disturbances | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Anger and irritability | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Concentration problems | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Constantly on the look-out for signs of danger | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Jumpy, easily startled | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Symptoms threatening potential wellbeing of Dog:

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| 1) Addition to drugs or alcohol | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Violence towards self or others | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Severe depression – limiting daily function | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) History of blackouts | Yes | Minimally | No |
| | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Is there any other medical information you feel ICAN should know when considering this application for a Service Dog? Please list:

List Medications the patient is receiving:

Can you recommend this patient for a Service Dog placement?

Doctor's Signature: _____

Printed Name: _____