

1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

www.1Boy4Change.org 1Boy4Change@gmail.com

Fed ID#20-3955394

APPLICATION FOR A SERVICE DOG

1. How did you learn about 1Boy4Change, Inc. and its Service dog program?

2. What are you seeking from 1Boy4Change, Inc.?

3. What are you interested in doing with your Service dog if you become one of our teams?

4. Will you agree to use and advertise with our program logo on your dog's clothing?

Yes NO If no, please explain why not:

I will not use anything on my Service animal (initial) _____ Please explain why not:

Print Full Name of Applicant:			
Date of Birth:	Weight:	Height:	Sex:
Parent or Guardian's Full Name if minor:			
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Cell:	Fax:	
Email address (parent's if minor):			
Landlord/Management:		Phone:	
Place of Employment(Parent/Guardian if minor):			
Address:			
City:	State:	Zip Code:	
Work Phone:	Extension:		
Emergency contacts:			
Name:	Relationship to you:		
Contact phone number:			
Name:	Relationship to you:		
Contact phone number:			

Please describe the most significant symptoms of the disability/illness and how it affects the child:			
School name:		Grade:	
Address:			
City:	State:	Zip Code:	
Office Phone Number:			
Teacher's Name:			
How many hours is the child in school a week?			
PLEASE read and initial each statement after you check yes/no:			
Do you fully understand that the service dog MUST live inside your house? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you fully understand that the service dog cannot be left outside unattended? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you fully understand that the service dog cannot live outside? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you fully understand that the service dog can NEVER be left in an unattended vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
I am physically, mentally and financially capable of caring for a service dog? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you understand that you are responsible for all fees and expenses that you incur during the training - including gasoline, lunches, dinners, attendance at the movies and other required events. Do you understand these events are necessary for the service dog to learn the proper behavior and not just for fun? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you understand that there will be paperwork involved with owning a service dog and you will be responsible for submitting it to 1Boy4Change in a timely fashion? (training records, veterinarian records, updated pictures, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you fully understand that 1Boy4Change, Inc. can stop training with you at any time, if the Board of Directors and/or the Service Dog Program Director feel the placement is not working or you become a liability or a public safety concern? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you fully understand that the service dog belongs to 1Boy4Change and you may not rehome, resell, or dispose of it in anyway without written permission from the Board of Directors? Yes <input type="checkbox"/> No <input type="checkbox"/>			
We encourage positive training techniques, don't allow our dogs to be hit, threatened or scared as part of the training process. Can you abide by these rules? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is anyone in your home allergic to dogs or pet dander? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you previously owned a service or therapy dog? Yes <input type="checkbox"/> No <input type="checkbox"/> (yes, please explain)			

Please indicate any of the following conditions that apply to the applicant. Attach additional pages if necessary to describe any of the behaviors below:

Seizures	NA	Mild	Moderate	Severe
Panic Attacks	NA	Mild	Moderate	Severe
Violence To Self	NA	Mild	Moderate	Severe
Violence To Others	NA	Mild	Moderate	Severe
Violence To Property	NA	Mild	Moderate	Severe
Violence To Animals	NA	Mild	Moderate	Severe

Mood Swings	NA	Mild	Moderate	Severe
Hallucinations	NA	Mild	Moderate	Severe
Nightmares	NA	Mild	Moderate	Severe
Night Terrors	NA	Mild	Moderate	Severe
Night Awakenings	NA	Mild	Moderate	Severe
Sleep Walk	NA	Mild	Moderate	Severe
Sleeps Too Much	NA	Mild	Moderate	Severe
Racing Thoughts	NA	Mild	Moderate	Severe
Medication Side Effects	NA	Mild	Moderate	Severe
Distractibility	NA	Mild	Moderate	Severe
Suicidal Behaviors	NA	Mild	Moderate	Severe
Self-Stimulating Behaviors	NA	Mild	Moderate	Severe
Self-Mutilating Behaviors	NA	Mild	Moderate	Severe
Disassociation	NA	Mild	Moderate	Severe
Impulsivity	NA	Mild	Moderate	Severe
Poor Judgment	NA	Mild	Moderate	Severe
Self-Care Deficits	NA	Mild	Moderate	Severe
Difficulty In Public	NA	Mild	Moderate	Severe
Difficulty Completing Tasks	NA	Mild	Moderate	Severe
Bolts Or Runs Away	NA	Mild	Moderate	Severe
Flashbacks	NA	Mild	Moderate	Severe
No Fear Of Danger	NA	Mild	Moderate	Severe
Uncontrolled Rages	NA	Mild	Moderate	Severe
Enjoys Isolation	NA	Mild	Moderate	Severe
Repetitive Behaviors	NA	Mild	Moderate	Severe
Unprovoked Screaming	NA	Mild	Moderate	Severe
Meltdowns	NA	Mild	Moderate	Severe
Tantrums	NA	Mild	Moderate	Severe
Bed Wetting	NA	Mild	Moderate	Severe
Hoard's Food In Room	NA	Mild	Moderate	Severe
Phobias (explain)	NA	Mild	Moderate	Severe

Other behaviors that could help 1Boy4Change with the training of the service dog:

What are the effects of your disability? (circle all that apply)		
Deafness (ASL/English)	Speech Impairment	Hearing Loss
Coordination problems	Limited Mobility	Memory Loss
Slowed Development	Vision Impairment	Muscular Weakness
Spasticity	Reduced Stamina	Reduced Limb(s) use
Cognitive Functioning	Sensory problems	Passing out/falling/seizing
Other:		

Do you have any problems with? <i>(circle all that apply)</i>		
Allergies	Chronic Pain	Seizures
Heightened Emotions	Depression/emotions	Skin Sensitivity
Heat/Cold Sensitivity	Brittle Bones	Balance
Other:		

Do you use an aid or assistive device or attendant? <i>(circle all that apply)</i>	
Prosthesis (arms/legs)	Wrist Brace (right/left/both)
Leg Brace (right/left/both)	Crutches (right/left/both)
Walker/Cane	Glasses/Contacts
Wheelchair (manual/electric/scooter)	Other devices: _____
Hearing Aids (right/left/both)	
<input type="checkbox"/> Sensoneuro mild/moderate/profound	
<input type="checkbox"/> Conductive mild/moderate/profound	
<input type="checkbox"/> Mixed mild/moderate/profound	

Are you able to: <i>(circle all that apply)</i>		
Fly	Ride Buses	Drive self
Ride with others	Walk distances on foot	Ride on scooter
Ride on trains	Go on Cruise ships/boats	Push self in wheel chair

What type of service animal are you looking for? *(circle all that apply)*

Service Mobility Psychiatric Sensory Companion
 Social Therapy Facility Pet Other: _____

Can you: *(circle all that apply)*

- | | | | |
|---------------------------------|--------|-----------|-------|
| a) Pick up items off the floor? | Always | Sometimes | Never |
| b) Push elevator buttons? | Always | Sometimes | Never |
| c) Turn lights on and off? | Always | Sometimes | Never |
| d) Push a manual wheel chair? | Always | Sometimes | Never |
| e) Flex your wrist? | Always | Sometimes | Never |
| f) Make a fist? | Always | Sometimes | Never |

Do you? *(Circle all that apply)*

- a) **Use a:**
 Manual chair Electric Chair Scooter Walker/Crutches
- b) **Transfer by:**
 Standing Pivoting Slide board With help Other
- c) **Is your speech:**
 Clear-rapid Clear slow Slurred Difficult to understand Other
- d) **Communicate best by:**
 Voice Letter board Interpreter Other
- e) **Ability to move legs:**
 always some very little none no legs one leg(left/right)
- f) **Can you walk:**
 always some very little none
- g) **Types of terrain and distances:**
 Short distances only only with support level ground only stairs

- h) **Lift your arms:**
 Above your head to your shoulders slightly above waist
 none-no movement no arms one arm (left or right)
- i) **Reaching out with arms:**
 straight out (front/side both) bent only arms at side only arms in lap only
 none-no movement no arms one arm (left or right)
- j) **Exercise:**
 Regularly Sometimes Seldom Never

Is your:

- a) **Voice:** Loud Average Soft None
- b) **Lung capacity:** Normal Limited Very limited
- c) **Hearing:** Normal Limited Deaf
- d) **Balance:** Excellent Good Fair Poor
- e) **Endurance:** Excellent Good Fair Poor
- f) **Mobility:** Excellent Good Fair Poor
- g) **Physical strength:** Excellent Good Fair Poor
- h) **Speed of reaction:** Excellent Good Fair Poor
- i) **Vision (with/without correction):** Excellent Good Fair Poor

Are you:

- a) **Extra sensitive to heat:** Always Sometimes Never
- b) **Extra sensitive to cold:** Always Sometimes Never
- c) **Extra sensitive to pain:** Always Sometimes Never
- d) **Socially active:** Always Sometimes Never

Do you:

- #hours day/week/month
- a) Work/volunteer outside the home_____
- b) Work/volunteer from/at home:_____
- c) Attend school (college, day/night home/campus):_____
- d) Shop-groceries, clothes, etc.:_____
- e) Formally exercise: _____
- f) Engage in recreation/entertainment outside the home:_____

Please describe your home life, social activities, hobbies, and lifestyle in general – what a normal day, week, month is like:

Do you belong to any clubs, groups, organizations? (check all that apply)

- Lions Veterans (DAV, VFW, AL) GFWC Rotary Church Social
- School Work Recreational/sports Other _____

Does your current living situation have: (check all that apply)

Total number of animals in the household: _____ # Dogs _____ # Cats _____ # Birds _____ Other

Please state breed(s), size and age of all current animals in your home & vet information:

A fenced yard? Size of yard?

Other enclosed outside area (*explain*)?

Park or other yard nearby (give name/address of place)?

How far are you from the busy roads/streets?

Please initial each and explain appropriately:

_____ Are you aware of any current animal problems in your neighborhood, such as; loose dogs, vicious dogs or those who have bitten or attacked other persons/dogs? (*explain*):

_____ Are you aware of any current complaints against you for any animal violations? (*if yes, explain*):

_____ Are you aware of any other persons claiming to be afraid or have allergies to dogs that may create a problem for you and your service animal?

_____ Have you told anyone in your family/neighborhood/management/work that you are applying for a service animal? If so, who have you told and what was their reply?

Circle the traits that you **WOULD LIKE** to have in a dog.

serious	indifferent	distracted	willing	playful	manipulative	stubborn
responsible	energetic	sensible	no nonsense	stable	protective	resistant
dependable	jealous	happy	sweet	easy going	submissive	calm
independent	assertive	devoting	excitable	dependent	loving	trusting
communicative		foolish	slow	attentive	smart	confident
fearful	friendly	comforting	supportive	silly	aggressive	out going
shy	athletic	social butterfly				

Are you the kind of person who:

enjoys people contact	Never	Rarely	Sometimes	Often	Always
is a risk taker	Never	Rarely	Sometimes	Often	Always
easily expresses emotions	Never	Rarely	Sometimes	Often	Always
likes to be in charge	Never	Rarely	Sometimes	Often	Always
is easily bored with people	Never	Rarely	Sometimes	Often	Always
is determined to accomplish goals	Never	Rarely	Sometimes	Often	Always

Rate yourself in these areas:

assertive	Never	Rarely	Sometimes	Often	Always
self-confident	Never	Rarely	Sometimes	Often	Always
able to respond to a crisis	Never	Rarely	Sometimes	Often	Always
able to accept criticism	Never	Rarely	Sometimes	Often	Always
willing to learn new concepts	Never	Rarely	Sometimes	Often	Always
ability to laugh at self	Never	Rarely	Sometimes	Often	Always
personal shyness	Never	Rarely	Sometimes	Often	Always
sensitive to other's emotions	Never	Rarely	Sometimes	Often	Always
personal exuberance	Never	Rarely	Sometimes	Often	Always
ability to be responsible	Never	Rarely	Sometimes	Often	Always
desire to please others	Never	Rarely	Sometimes	Often	Always
creative	Never	Rarely	Sometimes	Often	Always

Please describe personal/physical/mental care management practices that you have:

Please describe how you will handle the following areas of dog care:

- a) Feeding: _____
- b) Grooming: _____
- c) Toileting: _____
- d) Bonding: _____

e) Training:

f) Maintaining:

g) Vet care: _____

h) Financial costs:

i) If you are hospitalized:

j) Flea problems: _____

k) Family, friend(s) involvement:

l) Access issues:

m) Dog behavior problems:

Service animal training program:

a) What specific difficulties might you have with a physically rigorous, emotionally demanding training program? _____

b) What modifications can you make to accommodate this training?

c) What modifications must the training program make to accommodate for your specific needs?

Please check the highest level of formal education completed:

High school _____ (Diploma/GED/grade completed)

Attended college

Master's degree

AA/AS degree

Doctorate

Dog Training Courses

BA/BS degree

Do you have any specific learning disabilities? _____ Yes

No

If yes, please describe:

Please tell us anything else that may affect your ability to obtain, train, and maintain a service animal for your disability(ies): _____

Do you have any other comments, suggestions or questions you feel are important in assisting 1Boy4Change, Inc. in matching, training and placing a service animal with you?

PLEASE READ THIS SECTION CAREFULLY AND THOROUGHLY!

I understand that by filling out this form I am not guaranteed a service animal, nor one of my choice. I also understand there are no promises made from 1Boy4Change, Inc. to me regarding the time it may take, the breed, size, shape or color of animal I may be matched with. I also understand that I am dealing with an animal and though the animal will be placed in my care fully trained, I may still have problems with the animal. I understand that this animal will be that of the canine species and one that has been matched with my personality and trained for my medical needs based upon the information that I have submitted to 1Boy4Change, Inc. If I have not been honest in my personality assessment or abilities to perform tasks then I understand that the animal may not respond to my needs. I also understand that upon graduation, I will be the sole owner of said animal. I will be held responsible for the service animal's well-being and maintenance/training once I am placed/graduated with the animal. I agree to contact 1Boy4Change, Inc. upon any questions, comments or problems with the animal immediately and will not discard the animal to anyone other than 1Boy4Change, Inc. if I am unhappy or unable to care for the animal for any reason or if I fail to use the animal for its intended purpose which is for my service animal. I understand that this animal was trained for my disabilities and not other family members unless otherwise applied for through 1Boy4Change, Inc. and that 1Boy4Change, Inc. may take the dog back if fail to use the animal or attempt to give to animal or another person who was not intended or trained for such animal. The information contained in this form is very private and will be kept confidential and will be used only to assist 1Boy4Change, Inc. in obtaining, training and placing a service animal for my needs with me.

I, _____ am aware that by filling out and signing this application, I am applying for a service animal of the canine species to be selected, tested, trained and graduated with me for my personal use by 1Boy4Change, Inc. I will be granted all rights and privileges to have and use such animal upon my successful completion of all the required forms, information, tests and classes as required by 1Boy4Change, Inc. I am under no obligation to accept the animal as given to me and will return such animal only to 1Boy4Change, Inc. in good health ASAP, if I no longer wish to use such animal.

I am at least 18 years of age and able to make this request on my own behalf. I am physically, mentally and financially capable of caring for a service animal for my medical needs. If I am under 18 years of age, then my parent/guardian is aware of the physical, mental, and financial needs of owning a service dog for my needs.

Signature of Applicant:	Date:
Print Full Name:	
Street Address:	Phone:
City	State/Zip:

GUARDIAN'S CONSENT

I am the parent or guardian of the above-mentioned person. I hereby approve this request for a service animal for this person's medical needs. I affirm that I have the legal right to make such a request on behalf of this person.

Signature of Guardian:	Date:
Print Full Name:	
Relationship to applicant:	
Street Address:	Phone:
City	State/Zip:

Please read and initial each statement:

- _____ I understand that by filling out this form I am not guaranteed a service animal, nor one of my choice.
- _____ I also understand there are no promises made from 1Boy4Change, Inc. to me regarding the time it may take, the breed, size, shape or color of animal I may be matched with.
- _____ I also understand that I am dealing with an animal and though the animal will be placed in my care fully trained, I may still have problems with the animal.
- _____ I understand that this animal will be that of the canine species and one that has been matched with my personality and trained for my medical needs based upon the information that I have submitted to 1Boy4Change, Inc.
- _____ If I have not been honest in my personality assessment or abilities to perform tasks, then I understand that the animal may not respond to my needs.
- _____ I will be held responsible for the service animal's well-being and maintenance/training once I am placed/graduated with the animal.
- _____ I agree to contact 1Boy4Change, Inc. upon any questions, comments or problems with the animal immediately and will not discard the animal to anyone other than 1Boy4Change, Inc.
- _____ If I am unhappy or unable to care for the animal - for any reason or if I fail to use the animal for its intended purpose which is for my "service animal" - that 1Boy4Change, Inc. may take the dog back.
- _____ I understand that this animal was trained for my disabilities and not other family members unless otherwise applied for through 1Boy4Change, Inc. and that 1Boy4Change, Inc. may take the dog back if fail to use the animal or attempt to give to animal or another person who was not intended or trained for such animal.

- _____ I am at least 18 years of age and able to make this request on my own behalf. I am physically, mentally and financially capable of caring for a service animal for my medical needs.
- _____ I am the parent/guardian of the minor applicant and I understand all the terms on this application.
- _____ I have read and understood and will adhere to the conditions of the application
- _____ The overall cost of my Service Dog, my part and not the part of the sponsor, is \$1,000.00, and I agree to make a strong and conscious effort to help secure funding for my dog. I understand I will NOT be turned away from the program if I cannot fundraise the \$1,000.00.
- _____ This program involves many hours of time and effort in training and preparing this dog for its work as my service dog.
- _____ If I decide at any time in the future that I no longer want this Service Dog, I will contact 1Boy4Change, Inc. immediately to relinquish full ownership of the dog and the dog will be in good health upon return to 1Boy4Change, Inc. or I will be charged for any veterinary care.
- _____ 1Boy4Change, Inc. can stop training with me at any time, if the trainer feels the placement is not working or I become a liability or a public safety concern.
- _____ It is mandatory that I, the client, to yearly, renew the Service Dogs Public Access Test, with the help of 1Boy4Change, Inc.
- _____ It is mandatory that I, the client, to submit training reports, veterinarian updates, and current photographs quarterly to 1Boy4Change, Inc.

The information contained in this form is very private and will be kept confidential and will be used only to assist 1Boy4Change, Inc. in obtaining, training and placing a service animal for my needs with me.

I, _____ am aware that by filling out and signing this application, I am applying for a service animal of the canine species to be selected, tested, trained and graduated with me for my personal use by 1Boy4Change, Inc. I will be granted all rights and privileges to have and use such animal upon my successful completion of all the required forms, information, tests and classes as required by 1Boy4Change, Inc. I am under no obligation to accept the animal as given to me and will return such animal only to 1Boy4Change, Inc. in good health ASAP, if I no longer wish to use such animal.

I understand that completing this form places neither me nor 1Boy4Change, under any obligation, but assists 1Boy4Change in determining my eligibility for a service dog.

1Boy4Change does not discriminate against any applicant for admission to the 1Boy4Change Service Dog Program based upon race, religion, color, national origin, ancestry, age, marital status, gender, or any other factor prohibited under local, state or federal laws.

Any applicant denied admission may subsequently reapply and be reconsidered without prejudice.

I understand that there is an inherent risk associated in training, testing and generally working around dogs. By participating in 1Boy4Change, Inc. service dog activities, risks include, but are not limited to, bodily injury or death, as a result of being in close proximity to dogs.

I further acknowledge and understand that personal injury, harm or death may occur as a result of certain canine behaviors, including, but not limited to, biting, jumping upon, knocking over, pulling on leashes, stepping on, unpredictable reactions to sounds, sudden movements, unfamiliar objects, persons or other animals, including other dogs.

I hereby waive and release 1Boy4Change, Inc., its officers, employees, owners, members, volunteers, and agents from any injury or damage resulting from the action of the dog, and I expressly assume the risk of any such damage or injury.

I hereby agree to indemnify, hold harmless, and release 1Boy4Change, Inc., its officers, employees, members, volunteers, and agents from any and all claims, or claims by any member of my family or any other person accompanying me to any training session or while on the grounds or the surrounding area there to as.

The information contained in this form is very private and will be kept confidential and will be used only by 1Boy4Change, Inc. in determining my volunteer/staff qualifications.

Medical Release:

I, the undersigned, as self, parent and/or legal guardian of _____ do hereby authorize and consent to any x-ray examination, anesthetic or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Georgia of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care, which the aforementioned physician in exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact parent(s) and/or legal guardians prior to treatment to the patient, but that any of the above treatment will not be withheld if the parent(s) and/or legal guardians cannot be reached.

Medical Insurance Company: _____

Subscriber's Name and Relationship: _____

Policy#: _____ Group#: _____

Date: _____
Signature of self, or if a minor, parent or guardian

Photo and Video Release:

I ____ DO
____ DO NOT

consent to and authorize the use and reproduction by 1Boy4Change, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Date: _____ Signature: _____

Background Information:

Have you ever been charged or convicted of a crime against a child? Yes No

If, yes, explain:

I, _____, authorize 1Boy4Change, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as a service dog applicant, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Date: _____ Signature: _____

Current Driver's License Number: _____ State: _____

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS APPLICATION, WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Signature:	Date:
Print Full Name:	
Street Address:	Phone:
City	State/Zip:
Witnessed by (print and sign):	
Date:	

GUARDIAN'S CONSENT

I am the parent or guardian of the above-mentioned person. I hereby give permission to 1Boy4Change, Inc. and staff to the information contained above and consent to the terms mentioned above. I affirm that I have the legal right to issue such information and consent.

Signature:	Date:
Print Full Name:	
Relationship to the applicant:	
Street Address:	Phone:
City	State/Zip:
Witnessed by (print and sign):	
Date:	

Please have this form Notarized below: