

# 1Boy4Change

145 Myers Hill Road Brunswick, GA 31523

Office (912)279-0440

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Fed ID#20-3955394

## WOUNDED WARRIOR APPLICATION FOR A SERVICE DOG

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

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2. What are you seeking from 1Boy4Change, Inc.? (do you need your dog certified, start with a puppy, fully trained service dog) Please explain:

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

Yes     NO     If no, please explain why not:

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

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Print Full Name of Applicant:			
Name you wish to be called:			
Branch of service (please attach copy of DD214):			
Date of Birth:	Weight:	Height:	Sex:
Home Address:			
City:	State:	Zip Code:	
Home Phone:	Cell:	Fax:	
Email address:			
Landlord/Management:		Phone:	
Place of Employment:			
Address:			
City:	State:	Zip Code:	
Work Phone:	Extension:		
<b>Emergency contacts:</b>			
Name:		Relationship to you:	
Contact phone number:			
Name:		Relationship to you:	
Contact phone number:			



**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  No

Do you fully understand that the service dog cannot be left outside unattended? Yes  No

Do you fully understand that the service dog cannot live outside? Yes  No

Do you fully understand that the service dog can **NEVER** be left in an unattended vehicle? Yes  No

I am physically, mentally and financially capable of caring for a service dog? Yes  No

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  No

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  No

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  No

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  No

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  No

Is anyone in your home allergic to dogs or pet dander? Yes  No

Have you previously owned a service or therapy dog? Yes  No  (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 |
| • Insomnia                   | 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
• 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
• Phobias (explain)	NA	Mild	Moderate	Severe

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

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**What are the effects of your disability?** *(circle all that apply)*

Deafness (ASL/English)

Speech Impairment

Hearing Loss

Coordination problems

Limited Mobility

Memory Loss

Vision Impairment

Muscular Weakness

Passing out/falling/seizing

Spasticity

Reduced Stamina

Reduced Limb(s) use

Cognitive Functioning

Sensory problems

Other: \_\_\_\_\_

**Do you have any problems with?** *(circle all that apply)*

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?** *(circle all that apply)*

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	

<b>Are you able to:</b> <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

**Can you:** *(circle all that apply)*

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

**Do you?** *(Circle all that apply)*

- **Use a:**  
Manual chair      Electric Chair      Scooter      Walker/Crutches
- **Transfer by:**  
Standing      Pivoting      Slide board      With help      Other
- **Is your speech:**  
Clear-rapid      Clear slow      Slurred      Difficult to understand      Other
- **Communicate best by:**  
Voice      Letter board      Interpreter      Other
- **Ability to move legs:**  
always      some      very little      none      no legs      one leg(left/right)
- **Can you walk:**  
always      some      very little      none
- **Types of terrain and distances:**  
Short distances only      only with support      level ground only      stairs
- **Lift your arms:**  
Above your head      to your shoulders      slightly above waist  
none-no movement      no arms      one arm (left or right)
- **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)
- **Exercise:**  
Regularly      Sometimes      Seldom      Never

**Is your:**

- |                  |           |         |              |      |
|------------------|-----------|---------|--------------|------|
| • Voice:         | Loud      | Average | Soft         | None |
| • Lung capacity: | Normal    | Limited | Very limited |      |
| • Hearing:       | Normal    | Limited | Deaf         |      |
| • Balance:       | Excellent | Good    | Fair         | Poor |

- Endurance:           Excellent      Good           Fair           Poor
- Mobility:            Excellent      Good           Fair           Poor
- Physical strength:   Excellent      Good           Fair           Poor
- Speed of reaction:   Excellent      Good           Fair           Poor
- Vision (with/without correction):   Excellent      Good           Fair           Poor

**Are you:**

- Extra sensitive to heat:           Always      Sometimes      Never
- Extra sensitive to cold:           Always      Sometimes      Never
- Extra sensitive to pain:           Always      Sometimes      Never
- Socially active:                    Always      Sometimes      Never

**Do you:**

- #hours day/week/month
- Work/volunteer outside the home \_\_\_\_\_
- Work/volunteer from/at home: \_\_\_\_\_
- Attend school (college, day/night home/campus): \_\_\_\_\_
- Shop-groceries, clothes, etc.: \_\_\_\_\_
- Formally exercise: \_\_\_\_\_
- Engage in recreation/entertainment outside the home: \_\_\_\_\_

**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 check the highest level of formal education completed:

- High school \_\_\_\_\_ (Diploma/GED/grade completed)
- Attended college                     AA/AS degree
- Master's degree                       Doctorate
- Dog Training Courses
- BA/BS degree

Do you have any specific learning disabilities?  Yes            No

If yes, please describe:

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How far are you from the busy roads/streets?

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**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*):

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

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\_\_\_\_\_ 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?

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\_\_\_\_\_ 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?

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Service animal training program:

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

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

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

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



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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?

In a paragraph, please describe “why” you want a service dog and “what” you expect from your service dog:

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

Service Hearing Seizure Mobility Psychiatric Sensory  
Social Therapy Facility Pet Companion Other: \_\_\_\_\_

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
foolish	slow	attentive	smart	confident	silly	fearful
long coat	short coat	friendly	comforting	supportive	aggressive	outgoing
shy	athletic	male	female	communicative	social butterfly	

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**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, \_\_\_\_\_ the undersigned client, acknowledge, agree and understand that:

\_\_\_\_\_ 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 ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS CONTRACT AND AGREE TO ABIDE BY THEM.**

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

**PLEASE READ THIS SECTION CAREFULLY AND THOROUGHLY!**

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 an 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 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:	

**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.**

**Please have this form Notarized below:**