Application for a PAALS Assistance Dog

Application Fee $50
Types of Assistance Dogs that PAALS Trains

A PAALS assistance dog is specially trained for a person with a disability. PAALS trains 5 types of assistance dogs. Please read about each type and check only the one type for which you are applying. If you are unsure of which type of dog to apply for, please contact PAALS.

☐ 1. **Assistance dog for a person who has mobility and/or balance limitations caused by a disability:**
   
   This type of dog can assist an individual who may use a wheelchair, cane or walker or have an unsteady gait. The dog may perform tasks such as picking up dropped items, retrieving items off counters, turning light switches on and off, tugging open doors, alerting for help and, pulling someone using a manual wheelchair up ramps or short distances, etc. These dogs have full public access rights under the Americans with Disabilities Act.

☐ 2. **Assistance dog for a person with autism:**
   
   This type of dog can be trained to assist those with autism to better cope with public situations. These dogs are taught to apply deep pressure relief and comfort by pressing on a leg or lying on a person’s lap. They may also be used to encourage a person with autism to stay with their family member in public by providing a handle or leash for the person to hold and aid with increasing social and life skills. These dogs have full public access rights under the Americans with Disabilities Act.

☐ 3. **Assistance dog for a person with PTSD:**
   
   This type of dog is taught behaviors that help people with PTSD to better cope with fear and anxiety. These dogs can provide a physical barrier between their partner and the public while providing a social bridge, provide stress reducing pressure on trained body points and provide behaviors to alleviate flight or fight responses. These dogs have full public access rights under the Americans with Disabilities Act.

☐ 4. **Facility dog to help professionals who work with people with disabilities and/or social needs:**
   
   The professional may work in education, counseling, social work, physical therapy, occupational therapy, nursing, ministry, etc. These dogs may serve as innovative teaching tools, motivation, therapy catalysts, rewards for achieving goals, and unconditional love. These dogs do NOT have public access rights.

☐ 5. **Home skilled companion dogs:**
   
   This type of dog is trained to help in home settings only. They may assist with in-home tasks similar to Type 1 or Type 2 (as listed above) such as assisting a person with autism or with intellectual disabilities in the home setting to foster bonding relationships and assist with therapies and life skills development. These dogs do NOT have public access rights.

If you are unable to care for the dog yourself, you must have a person who is able to be trained to assist you with your dog a minimum of 8 hours per day. This person is called a facilitator. Facilitated assistance dog teams are only an option for types 1, 2, 3 and 5. The facilitator is responsible for the care, feeding, daily training and daily exercise of the dog.
Submitting an Application for a PAALS Assistance Dog

1. Read all of the information given to you by PAALS and from the website.

2. Check the Client Eligibility Requirements.

3. Fill out the Application for a PAALS assistance dog. Don’t forget to select the type of assistance dog for which you are applying.

4. Have the Applicant Medical Information packet filled out by each of your physicians, therapists, and counselors. You may want to give them a copy with a stamped envelope already addressed to PAALS. Check with each medical professional as you may need to fill out a separate consent form to release information to PAALS.

   Note: If you are applying for a facilitated assistance dog team then you must get physician release forms for both the applicant with a disability as well as the facilitator who will be responsible for the dog’s care.

5. Adult applicants (or the adult parent/guardian facilitator for a facilitated assistance dog team) must complete the Background Information Release Authorization form. The form is located at the end of the application packet.

6. Applicants who have been discharged from the military must provide a DD214 form.

7. Include a letter of recommendation (from a non-family member).

8. Make a check out to PAALS for the $50 Application Fee. (Note: Applicants who qualify for funding from Rob’s Best Friend Fund (military and first responders) do not have to pay the Application Fee.

9. Mail the completed Application, any Applicant (and Facilitator if needed) Medical Information, the Background Information Release Authorization, a DD214 form (for discharged veterans only) and the Application Fee to PAALS.

   Mail to: PAALS
   221 N. Grampian Hills Road
   Columbia, SC 29223

10. You must notify PAALS at any time during the application review process if the applicant or any household member has or is planning any life changes such as moving, pregnancies, marriage, divorce, adding or removing members of the household, adding or removing animals from the household, leaving or changing jobs/school, stopping or starting any therapies, etc.

The cost associated with training you and your Assistance Dog should not prohibit you from applying for an assistance dog. PAALS does require a tuition fee for the team training that is required before leaving with an assistance dog. This tuition of $5,000 can be paid or fundraised. PAALS encourages everyone to participate in fundraising. You are helping to “build” a dog for someone else while we help “build” a dog for you. It costs PAALS between $22,000 and $29,000 and takes two years to train and place an assistance dog with someone in need. If you make an effort to cover your tuition and are not able to meet that goal PAALS does not turn
you away. Please do not begin fundraising before you receive notice of acceptance into the PAALS program.

Application Review Process

Your application review process will not begin until all required documents have been received, including all Applicant (and Facilitator when necessary) Medical Information from your healthcare providers the Background Information Release Authorization and a DD214 form (discharged veterans only). If after six months of receiving a partial application package it is not completed, you will be required to submit a new completed package to be considered for an interview.

1. The Client Review Committee (CRC) will review your application, Applicant/(Facilitator) Medical Information, and all supporting documents.
   a. If the CRC feels that PAALS is unable to provide an assistance dog for your particular case, PAALS will send you a letter of notification.
   b. If the CRC feels that PAALS may be able to provide an assistance dog for your particular case, PAALS will move to Step #2.

2. The CRC will call or email you to set up an Initial Interview to be held in Columbia, SC. All members of the household should be present at the initial interview. This usually lasts 60-90 minutes. Two or more PAALS representatives will ask you, your family and other household member’s additional questions to better understand your needs. You will be able to ask any questions you may have at this time. PAALS may take pictures or video strictly for the confidential viewing of the CRC. A PAALS assistance dog will also be present.

3. You must contact, in writing, PAALS within 1 week after the Initial interview if you would like to move forward with your application.
   a. If you do not want to move forward or if you have not contacted PAALS within 1 week we will consider your application closed.
   b. If you do want to move forward with your application then PAALS will submit your initial interview information to the CRC.

4. The CRC will review your application along with additional information from the Initial Interview.
   a. If the CRC feels that PAALS is unable to provide an assistance dog for your particular case, PAALS will send you a letter of notification.
   b. If the CRC feels that PAALS may be able to provide an assistance dog for your particular case, PAALS will move to Step #4.1 (if you have applied for a dog for a person with autism) otherwise skip to Step #5.

4.1 If you have applied for a dog for a person with autism, the CRC will call or email you to set up a Second Interview to be held in Columbia, SC. This interview will take place in a public location and usually lasts 90-120 minutes. All members of the household should be present at the Second Interview. Two or more PAALS representatives will be present along with a PAALS assistance dog.

4.2 You must contact, in writing, PAALS within 1 week after the Second Interview if you would like to move forward with your application.

(revised 10/2/18)
a. If you do not want to move forward or if you have not contacted PAALS within 1 week we will consider your application closed.

b. If you do want to move forward with your application then PAALS will submit your initial interview information to the CRC.

4.3 The CRC will review your application along with additional information from the Second Interview.

   a. If the CRC feels that PAALS is unable to provide an assistance dog for your particular case, PAALS will send you a letter of notification.

   b. If the CRC feels that PAALS may be able to provide an assistance dog for your particular case, PAALS will move to Step #5.

5. The CRC will call or email you to set up a Home Interview to be held in your home. All members of the household should be present. This usually lasts 60-90 minutes. Two or more PAALS representatives will ask you, your family and other household member’s additional questions to better understand your needs and your living environment. PAALS will look at every room in the house as well as any/all yard spaces. PAALS will meet any other pets. A PAALS Assistance Dog will also be present. **In some situations, PAALS may combine the Initial and Home Interviews.

6. You must contact, in writing, PAALS within 1 week after the Home Interview if you would like to move forward with your application.

   a. If you do not want to move forward or if you have not contacted PAALS within 1 week we will consider your application closed.

   b. If you do want to move forward with your application then PAALS will submit your Home interview information to the CRC.

7. The CRC will review your application along with additional information from the Home Interview.

   a. If the CRC feels that PAALS is unable to provide an assistance dog for your particular case, PAALS will send you a letter of notification.

   b. If the CRC feels that PAALS is able to provide an assistance dog for your particular case, PAALS will call you to let you know that you have been selected as a PAALS client.

Complaint Resolution Policy

If any student, client, applicant, or volunteer should have a problem with PAALS practices, policies, staff members or volunteers, they are encouraged to contact the Executive Director of PAALS at jrogers@paals.org or (803) 820-0741 Should further recourse be sought, the individual should contact the President of the PAALS Board of Directors. The President’s contact information is available through PAALS administrative assistant who can be reached via email at adminasst@paals.org or by phone at (803) 788-7063.

PAALS Policy Statement for Staff and Volunteers

The goal of our staff is to provide each client with the assistance dog that best matches his/her needs and lifestyle. We strive to make sure each person’s facility-based training experience is a positive and friendly atmosphere conducive to learning.

1. Each client will be treated with respect and courtesy.
2. The PAALS instructor will be familiar with the nature of a client’s disability and will provide appropriate training.
3. Each client will have reasonable accommodations.
4. Each client will be matched with a dog that will meet his/her needs as determined by the organization.
5. The staff will be a source of support during the training period at PAALS.
6. Each client will receive a complete educational program regarding dog ownership, using the assistance dog effectively and how to handle the assistance dog in public places under the ADA Law.
7. The PAALS staff will be available for follow up support once the Assistance Dog Team goes home.

**PAALS Policy Statement for Clients and Applicants**

1. The client will treat everyone with respect and will not physically or verbally abuse the assistance dog that has been matched with the client.
2. The client needs to follow program standards involving care, exercise, and training of his/her assistance dog.
3. The client should recognize that our training is in a class environment.
4. The client needs to treat other clients and the staff with courtesy and respect.
5. The client assumes full responsibility for the actions of any member or personal care attendant who accompanies him/her for the training period.
6. The client acknowledges that the care and maintenance of his/her personal equipment or apparatus is his/her responsibility and that this equipment will be in good working order before training begins.
7. The client needs to participate fully in all training activities including following the directions of the instructor.
8. The client understands that the instructor needs to teach all the students in the class and the instructor must give appropriate time to all students.
9. The client promises to voice any concerns or uncertainties in the open and be respectful with instructor.
10. The client understands that PAALS has the right to discontinue training and disqualify a person as a client if any of the above policies are not followed.

Please note that the Client Review Committee meets once a month and the time frame of this process varies and may take several months.
Client Application for a Service Dog for Mobility

Date: ________________________________

Full Name: ________________________________________________________________

Address: _____________________________________________________________________

City: __________________ State: __________________ Zip Code: ________________

Phone: Home: _______________ Work: _______________ Cell: _______________

Email: ____________________________________________________________________

Date of Birth: ______________ Male: ____ Female: ____

Marital Status: Single: ____ Married: ____ Divorced: ____

What is your approximate height and weight: H: ___________ W: ___________

What is your primary disability and is it progressive: ______________________________

Emergency Contact Name: ___________________________________ Phone: ___________

What caused your disability and at what age? ________________________________

What are the primary effects of your disability? (check all that apply)

☐ Deafness ☐ Coordination Problems ☐ Slowed Development ☐ Other: ______________
☐ Speech Impairment ☐ Limited Mobility ☐ Vision Impairment
d ☐ Reduced Stamina ☐ Memory Loss ☐ Muscular Weakness
☐ Hearing Loss ☐ Spasticity
d ☐ Other: ___________________________________________________________________

Do you have any problems with (check all that apply):  

☐ Chronic Pain ☐ Hot/Cold Sensitivity ☐ Balance ☐ Depression
☐ Skin sensitivity ☐ Brittle Bones ☐ Heightened Emotions ☐ Allergies

Seizures – if yes, what type and how often? ________________________________

What treatments or medications are you using or have you used to control your seizures?

___________________________________________________________________________

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.
Do you use any of the following aids or assisting devices? (Check all that apply)

☐ Electric Wheelchair  ☐ Manual Wheelchair  ☐ Prosthesis  ☐ Leg Brace
☐ Wrist Brace  ☐ Hearing Aid  ☐ Crutch/Cane  ☐ Walker
Other: ________________________________________________________________

Primary Care Physician, PT. OT, and/or o their Health Professional important to your care:

________________________________________________________________________ Phone: ______________________________
________________________________________________________________________ Phone: ______________________________
________________________________________________________________________ Phone: ______________________________
________________________________________________________________________ Phone: ______________________________

Living Arrangements

Do you live in the City, Suburbs or Rural Area?

*Housing:*  ☐ Home  ☐ Apartment  ☐ One level  ☐ Multi levels

*Yard:*  ☐ With fence  ☐ without fence

Do you:  ☐ Rent  ☐ Own

If renting, have you discussed having a dog living on the premises with your landlord?  ☐ Yes  ☐ No

Describe your neighborhood, i.e. busy roads, neighbors close by, dogs/cats running free etc.

________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Do you have many visitors?  ☐ Yes  ☐ No

List all people residing with you in your home:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
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Do you employ a personal care attendant?  ☐ Yes  ☐ No  If yes, how many? _____
If so, what hours do they assist you? ____________________________________________

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What tasks do they do, or aide you with?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What types of transportation do you use? (Check all that apply)

☐ Car  ☐ Bus  ☐ Van  ☐ Train  ☐ Plane

If you use both a manual and power wheelchair, please explain the situation in which each is used.

________________________________________________________________________
________________________________________________________________________

Do you self transfer?  ☐ Yes  ☐ No  ☐ N/A

Please list any other information that may be of help to us I selecting the proper dog for you:

________________________________________________________________________

**Your training with the dog**

Is fatigue a factor in your daily life?  ☐ Yes  ☐ No

Do you need to have rest periods during the day?  ☐ Yes  ☐ No

Do you smoke?  ☐ Yes  ☐ No

**Dog Information:**

A successful assistance dog applicant must be able to care for the daily need of his or her dog. Therefore we ask you to consider and answer the following: (please indicate if you are unable to do a certain task.)

Where will your dog be taken for toilet requirements?  __________________________

When do you get out of bed in the morning?  _________________________________

What time do you retire for the evening?  _________________________________

Who will help with the dog’s care if you are sick or cannot get outside?

Helper’s Name:  ______________________ Phone:  ______________________

Will the dog be exercised and have playtime?  ☐ Yes  ☐ No

Have you ever had a Pet dog before?  ☐ Yes  ☐ No

Do you or anyone in your household have a dog now?  ☐ Yes  ☐ No

If so, what is the Age: _____ Sex: _____ Neutered:  ☐ Yes  ☐ No

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List other pets: ____________________________________________________________

When traveling, would you take the dog with you on trips?  ☐ Yes ☐ No

How many house per day would the dog be alone? ___________________________

Is there a particular type/breed dog that you do not like? _____________________

The size of dog you’d prefer:  ☐ Small ☐ medium ☐ large

Choose five of the following words that would best describe the dog you would like to have.

☐ serious  ☐ Slow  ☐ Playful  ☐ Calm
☐ Willing  ☐ Attentive  ☐ Energetic  ☐ Sensible
☐ Responsible  ☐ Smart  ☐ Protective  ☐ Dependable
☐ Stable  ☐ Confident  ☐ Happy  ☐ Trusting
☐ Easy going  ☐ Independent  ☐ Assertive  ☐ Excitable
☐ Communicative  ☐ Sweet

Choose five of the following words that describe traits you would NOT like to have in a dog.

☐ Serious  ☐ Indifferent  ☐ Distracted  ☐ Slow
☐ Calm  ☐ Playful  ☐ Manipulative  ☐ Stubborn
☐ Protective  ☐ Resistant  ☐ Jealous  ☐ Fearful
☐ Excitable  ☐ Assertive  ☐ Submissive  ☐ Foolish
☐ Dependent  ☐ No-nonsense

All dogs are taught basic dog obedience and socialized in public situations. What tasks do you want your dog to accomplish for you?

Carry articles in a dog backpack for you?  ☐ Yes ☐ No
Pick up dropped articles for you?  ☐ Yes ☐ No
Retrieve objects off counters of tables?  ☐ Yes ☐ No
Turn light switches on and off?  ☐ Yes ☐ No
Stand or brace for balance?  ☐ Yes ☐ No

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revised 5/6/17
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<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
<th>Frequency</th>
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<tr>
<td>Indoor/Outdoor Malls</td>
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<td>Grocery Store/Dept.Store (Walmart)</td>
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<td>Restaurants</td>
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<td>Dr.Offices/Hospital/PT</td>
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<td>Employment/School</td>
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<td>Downtown/Urban Area</td>
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<td>Movies/Concerts</td>
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<td>Sporting events</td>
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<td>Church</td>
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<td>Outdoor fairs/Parades/Exhibits</td>
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<td>Public Transportation</td>
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<td>Car</td>
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<td>Rural Area/Campgrounds</td>
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The reason I want a service dog is:  
_________________________________________________  
_________________________________________________  
_________________________________________________  

Tell us more about yourself - hobbies, activities, clubs, interests, etc.  
_________________________________________________  
_________________________________________________  
_________________________________________________  

What questions or concerns do you have that we may address?  
_________________________________________________  
_________________________________________________  
_________________________________________________  

Do you understand that if you are selected as a PAALS client a two week training session in Columbia will be required as well as a tuition fee of $5,000 (except for RBFF recipients) that can be fundraised or paid will be required prior to team training?  
☐ Yes  ☐ No

By signing below I certify that all the above information is correct, complete, and accurate to the best of my knowledge.

_______________________________________________  (Signature)  ____________________________ (Date)

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.
PAALS Applicant Background Information Release Authorization

I, _____________________________________________________, hereby authorize Palmetto Animal Assisted Life Services (PAALS) and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for application purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, employment history, and/or general reputation.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to PAALS or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release PAALS, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Print Name: __________________________________________________________

First Middle Last (Maiden)

Former Name(s) and Dates Used: __________________________________________

Current Address: ________________________________________________________

From: _____ To: _____

Street City State Zip

Previous Address: ________________________________________________________

From: _____ To: _____

Street City State Zip

Telephone Number: ______________________ Alt Number ______________________

Social Security Number: ______________________ Date of Birth: _______________ Gender: Male / Female

Drivers’ License Number/State: ____________________________________________

Have you ever been charged with or convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____________________________________________________

________________________________________________________________________

By signing below, I acknowledge that I have read and understand the above and that the information provided is accurate to the best of my knowledge.

Signature: _____________________________________________________________ Date: ______________________

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PAALS Applicant Background Information Release Authorization Revised 12/13/2017