



**Application for a
PAALS
Assistance Dog**

**Application Fee
\$50**



PALMETTO ANIMAL ASSISTED LIFE SERVICES
221 N. Grampian Hills Road, Columbia, SC 29223
803.788.7063
info@PAALS.org
www.PAALS.org

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.

- 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.**



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PTSD APPLICATION

Personal Information

Date: _____

Full Name of Applicant: _____

If under 18, Name of
Mother _____ Father _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Emergency Contact Name/Number: _____ / _____

Email: _____

Height: _____ Weight: _____

What is the applicant's full diagnosis?

Date of Birth: _____ Male: Female:

Marital Satus: Single Married: Divorced:

Are there any other disablities in your household?

When you are having a tough time, what things do you do to
distract yourself, calm yourself down, or make yourself feel
better? _____

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Employment/School Information (Dogs are not always permitted to accompany their partner to school)

Where are you employed/attend school? _____

City _____ State _____

Length of present employer/yrs @ school: _____

School Completed: _____

If in school, do you use a shadow or aide? Yes No

Are there any other animals in your classroom/office? _____

Are there any other animals in the building where you work/go to school (list)? _____

Have you discussed this application with your principal or superintendent or employer? _____ If so, do you have his/her support? _____

Applicant History: (if applicant's only disability is PTSD, please skip this section)

Describe the applicant's:

Activity Level Low Moderate High

Mobility: Does the applicant use a wheelchair? Yes No
If so, electric or manual?

Is one side of the applicant's body stronger than the other?
 Yes No Which: _____

With one or both hands? Is mobility limited?
How? _____

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Is the applicant restricted in the use of his/her hands or arms?

Yes No

If yes, how so? _____

On a scale of 1 to 5 (1=poor, to 5=excellent) describe applicants:

Upper body strength	1	2	3	4	5
Range of motion	1	2	3	4	5
Grip strength	1	2	3	4	5

Living Arrangements

Do you live in the city, suburbs, or rural area? _____

Housing: Home w/ parents Apartment One level Multi-levels
 Group Home

Name/Location: _____

Yard: With fence Without fence

Do you: Rent Own

If renting, have you discussed having a dog living on premises with your landlord?

Yes No

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

Do you have may visitors? Yes No

How long does it take you to travel to work/school? _____

What types of transportation do you use?

Car Bus Van Train Plane

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List all people residing with you in your home:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three people who could care for your service dog if you were hospitalized.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>email</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Medical Information

Primary physician _____ Phone _____

Address _____

Have you discussed this application with your doctor? Yes No

Is she/he in favor of your getting a service dog? Yes No

Please list all medications you take:

Please list ALL physicians who currently treat you and list their field of specialization.

Your Training with the Dog

Are you able to take time off work/school to attend a one week training session in Columbia, SC to learn how to work your PAALS dog? _____

Have you ever attended dog obedience class? _____
What level? _____

Do you smoke? Yes No

Are you willing to participate in an on-going training session once you get a service dog? 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

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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 in the evening? _____

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?

If so, what is the age: _____ Sex: _____ Neuterd: Yes No

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

How many hours per day would the dog be left alone? _____

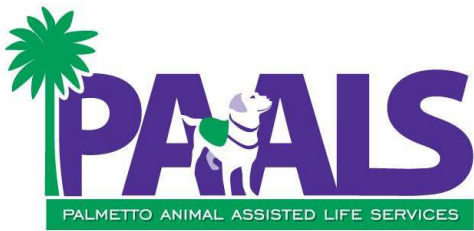
Is there a particular type/breed dog that you do not like? _____

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.

- | | | | |
|--------------------------------------|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> serious | <input type="checkbox"/> Slow | <input type="checkbox"/> Playful | <input type="checkbox"/> Calm |
| <input type="checkbox"/> Willing | <input type="checkbox"/> Attentive | <input type="checkbox"/> Energetic | <input type="checkbox"/> Sensible |
| <input type="checkbox"/> Responsible | <input type="checkbox"/> Smart | <input type="checkbox"/> Protective | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Stable | <input type="checkbox"/> Confident | <input type="checkbox"/> Happy | <input type="checkbox"/> Trusting |
| <input type="checkbox"/> Easy going | <input type="checkbox"/> Independent | <input type="checkbox"/> Assertive | |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Communicative | <input type="checkbox"/> Sweet | |

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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. Describe the ways you believe a service dog can assist the applicant in activities or daily living? _____

Location	Yes	No	Frequency
Indoor/Outdoor Malls			
Grocery Store/Dept. Store (Walmart)			
Restaurants			
Dr.			
Offices/Hospitals/PT			
Employment/School			
Downtown/Urban Area			
Movies/Concerts			
Sporting Events			
Church			
Outdoor Fairs/Parades/Exhibits			
Airport			
Public Transportation			
Car			
Rural Area/Campgrounds			

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Were you physically injured in combat?

_____ Do you
have ongoing pain and/or limitations due to physical injuries?

Were you ever formally diagnosed with TBI, or did you ever receive a head injury, get "your bell rung," or lose consciousness? _____

Do you struggle with any of the following symptoms common after head injury: (circle one)

- *Memory difficulty
- *headaches
- *poor attention/concentration
- *Difficulty with balance
- *Dizziness
- *Slowed thinking
- *Difficulty finding the words you need

Are you, or have you been, involved in any treatment to address TBI issues?

Have you been diagnosed with any psychiatric disorders, including PTSD, Depression, Anxiety, Panic Disorder, Psychosis, Obsessive-Compulsive Disorder, or other?

Please give details of what symptoms of the above disorder(s) you experience. _____

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Do you have difficulty with anger management?

How many days per week do you drink alcohol, and how many drinks per day?

Do you think you may have a problem with alcohol, or other mood altering substances?

Are you involved in therapy to address any of the above issues? If so, would you provide us with a release to talk to your therapist?

Do you take any medications to address the above issues? Do they seem to be helpful?

Please tell us a bit about the people in your life upon whom you can lean on - friends, family, church members, neighbors. How often do you have contact with them?

What do you like to do for fun?

When you are having a tough time, what things do you do to distract yourself, calm yourself down, or make yourself feel better

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"Other" PTSD Causes (complete this section if your PTSD is the result of something other than military service)

What changes (emotional, social, behavioral) would you like to make in your life?

Do you have ongoing pain and/or limitations due to physical injuries? _____

Were you ever formally diagnosed with TBI, or did you ever receive a head injury, get "your bell rung," or lose consciousness? _____

Do you struggle with any of the following symptoms common after head injury: (circle one)

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- *headaches
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Do you take any medications to address the above issues? Do they seem to be helpful?

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When you are having a tough time, what things do you do to distract yourself, calm yourself down, or make yourself feel better?

Please send a letter of reference in support of your needing, receiving, and caring for a service dog along with this application.

Please list other service dog organizations to which you have applied and your status with them.

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)

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Palmetto Animal Assisted Life Services
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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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