



## Application of Interest

### PERSONAL INFORMATION

A. Applicant Name: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Home phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Work phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Cell phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail: \_\_\_\_\_

B. List all people residing in your home:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has anyone in the home ever been convicted of a felony? \_\_\_\_Yes \_\_\_\_No

Has anyone in the home ever been convicted of animal cruelty? \_\_\_\_Yes \_\_\_\_No

C. Do you currently have any pets? \_\_\_\_Yes \_\_\_\_No

If yes, please list:

Species	Breed	Age	Spayed/Neutered?	Live Inside or Out
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Can you handle a dog alone? \_\_\_\_Yes \_\_\_\_No

Can you feed and groom a dog alone? \_\_\_\_Yes \_\_\_\_No

Can you verbally communicate with a dog? \_\_\_\_Yes \_\_\_\_No

Can you give a hand signal to a dog? \_\_\_\_Yes \_\_\_\_No

## MILITARY INFORMATION

You **MUST** provide a copy of your DD214, DD256 and DD261 Line of Duty (LOD) investigations for your combat related injuries with your application to validate your military service. *The Application of Interest will not be sent to the Application Review Committee without this information.*

A. Branch of service: \_\_\_\_\_

Highest rank: \_\_\_\_\_

Dates of service: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ OR \_\_\_\_ active

Job(s) within service: \_\_\_\_\_

Discharge status: \_\_\_\_\_

Service Connection Rating (**required**): \_\_\_\_\_

B. If you are a current member of the US Armed Services:

Have you discussed your intent to apply for a service dog with your chain of command?

\_\_\_\_ Yes \_\_\_\_ No

Does your chain of command support you bringing a service dog to work?

\_\_\_\_ Yes \_\_\_\_ No

C. Past Deployment(s):

Operation	Country	Operating Base	Dates of Deployment
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Was a Purple Heart Awarded for a combat service connected disability?

\_\_\_\_ Yes \_\_\_\_ No

Please list any other combat awards earned:

\_\_\_\_\_

\_\_\_\_\_

Was your injury (circle one):

combat related

service related

Describe your injury and/or accident (include where the injury occurred):

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## EMPLOYMENT/SCHOOL INFORMATION

Are you currently:  Student  Employed  Unemployed  Other

A. Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Years on the job: \_\_\_\_\_ years

Would you plan on the dog attending work with you?  Yes  No

B. School: \_\_\_\_\_

Would you plan on the dog attending school with you?  Yes  No

## MEDICAL INFORMATION

A. Describe the ways you believe a Service Dog can assist you?

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B. What are the effects of your disability? (please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Difficulty getting up     | <input type="checkbox"/> Flashbacks                            |
| <input type="checkbox"/> Loss of fine motor skills | <input type="checkbox"/> Difficulty controlling anger          |
| <input type="checkbox"/> Limited mobility          | <input type="checkbox"/> Difficulty with transitions/locations |
| <input type="checkbox"/> Coordination problems     | <input type="checkbox"/> Memory loss                           |
| <input type="checkbox"/> Poor balance in walking   | <input type="checkbox"/> Nightmares                            |

C. Are you able to provide a prescription for a service dog from your doctor or therapist?

Yes  No

D. Have you ever been treated for substance abuse or chemical dependency?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes,  
When? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

What substance(s)? \_\_\_\_\_

## ADDITIONAL QUESTIONS

A. Please list three references, not family, including one professional:

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

May we contact these references? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Is there a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8+ years? \_\_\_\_\_ Yes \_\_\_\_\_ No

C. Please list other Service Dog organizations to which you have applied:

Service Dog Organization	Current Status
_____	_____
_____	_____

Is there anything else you would like to add?

\_\_\_\_\_  
\_\_\_\_\_

## MISSION

Puppy Jake Foundation is a 501(c)(3), nonprofit organization dedicated to helping military veterans through the assistance of well bred and professionally trained service dogs. Such dogs are expensive, but their costs pale in comparison to the cost of what the veteran, the member of the U.S. Armed Services, has given for our individual freedom and the freedom for our country.

## PRIORITIES

Due to limited resources and the time it takes to raise and train a service dog we are prioritizing service dog placement as follows:

1. Disabled veterans who have a combat related disability
2. Disabled veterans who have a service related disability

## APPLICATION PROCESS AND TERMS

The Application Committee of Puppy Jake Foundation will review and notify you regarding your status. This will complete Step #1 of the application process. Below find further details regarding Puppy Jake Foundation's application process.

Step 1: Application of Interest

Step 2: Application for Service Dog (\$150 application fee)

Step 3: Interview

Step 4: Home Visit

Puppy Jake Foundation conducts a two week Team Training where veterans receiving PJF dogs are **required** to attend training in Des Moines, IA. Additionally, there are follow up trainings that require travel to Des Moines, IA. (Several times immediately after placement and annually thereafter.) All veterans receiving a PJF service dog must be able to attend required trainings.

## WAIVER

By signing below, I hereby acknowledge I have read the above terms and I understand that Puppy Jake Foundation reserves the right to deny service to an applicant for any reason. Including but not limited to, failure to meet the established criteria for receiving a service dog or requesting services that Puppy Jake Foundation does not provide. I do hereby agree to hold free from any and all liability Puppy Jake Foundation, it's Board of Directors, Officers, Staff, and Volunteers. I declare myself to be physically sound to participate with Puppy Jake Foundation. I, \_\_\_\_\_ waive the rights and claims for damages and/or injuries, which may come from my relationship and participation with Puppy Jake Foundation.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE RETURN APPLICATION AND ADDITIONAL DOCUMENTS TO:

Puppy Jake Foundation

ATTN: Becky Beach

P.O. Box 12220

Des Moines, IA 50312

Website: [www.puppyjakefoundation.org](http://www.puppyjakefoundation.org)

Facebook: [www.facebook.com/PuppyJakeFoundation](http://www.facebook.com/PuppyJakeFoundation)

Twitter: @PuppyJakeFdn

### FOR OFFICE USE ONLY

Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials: \_\_\_\_\_

Date Application Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials: \_\_\_\_\_

\_\_\_\_ Accepted      \_\_\_\_ Denied      Note: \_\_\_\_\_