

**Application of Interest**

Thank you for your interest in receiving a service dog from the Puppy Jake Foundation (PJF), a 501 (c)(3) organization dedicated to helping military veterans through the assistance of well bred and professionally trained service dogs.

At this time, we only consider Applications of Interest from qualified military veterans. This application of interest is the first step in determining whether PJF can meet your needs. Once you have completed this application, a member of our veteran coordination team will be in contact with you. If you need assistance as you are filling this out, please contact our office at 515.777.2837 or [info@puppyjakefoundation.org](mailto:info@puppyjakefoundation.org).

**Check List**

Before you begin, there are several items you need to submit with your Application of Interest:

* **Access to your DD214/NGB22**. This is the paperwork you should have received when you separated from the military. If you have more than one DD214, please include the most recent. If you need a copy, you may request it through the [Department of Veteran Affairs](https://www.va.gov/records/get-military-service-records/).
* **A letter from your physician or mental health professional indicating a need for a service dog.**
* Please note: If your Application of Interest is approved, a $250 application fee. This fee is the only funding we require. It demonstrates that you understand the seriousness of undertaking a service animal. If you cannot afford the application fee, assistance may be available.

**Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (mm/dd/yyyy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

List all the people living in your home:

Name Relationship Age

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has anyone in the home been convicted of a felony? \_\_\_ yes \_\_\_\_no

Has anyone in the home been convicted of animal cruelty? \_\_\_yes \_\_\_\_ no

Do you currently have any pets? \_\_\_\_yes \_\_\_\_ no

If yes, please list:

Species Breed Age Spayed/Neutered Live Inside or Outside

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

Describe your support system. Be sure to include your personal, social and medical team members.

Personal Support:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background**

Are you employed and/or attend school? \_\_\_ yes \_\_\_ no

If so, where:

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

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you take your dog with you?

To School: \_\_\_ yes \_\_\_ no

To work:\_\_\_ yes \_\_\_ no

Describe your typical day. Be sure to include how often you are in public. Think about errands such as going to the post office, grocery store.

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Do you need help in public places such as restaurants, stores, or crowded areas? \_\_\_ yes \_\_ no

Do you need help settling down when at home? \_\_\_ yes \_\_\_\_ no

Do you have nightmares or flashbacks related to your service? \_\_\_ yes \_\_\_ no

Do you have memory loss? \_\_ yes \_\_ no

Do you have anxiety and/or difficulty controlling anger? \_\_\_ yes \_\_\_ no

Do you need assistance opening doors, drawers and/or picking up items? \_\_\_\_ yes \_\_\_ no

Do you have loss of fine motor skills, coordination problems, limited mobility or difficulty getting off the floor or out of a chair? \_\_\_ yes or \_\_\_ no

Have you ever been treated for substance abuse or chemical dependency? \_\_ yes \_\_ no

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In your own words, what are your biggest daily struggles? How would a dog help?

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**What type of dog is right for you?**

* **Service dog**: This dog goes everywhere with you – the VA, grocery stores, restaurants, vacation.
* **Emotional Support Animal:** This dog doesn’t leave the home often. It will provide skills meant to support you in the home such as assistance with anxiety and nightmares. Typically, these dogs are placed with people who are largely home-based or are in an assisted living situation. If you are requesting an emotional support animal in service to children, adults with disabilities, or schools, please explain:

**Military Information**

**You must provide a copy of your DD214** to validate your military service. If you have more than one, please attach all documentation. If you do not have copies of your DD214, you can find this on your eBenefits page on the Department of Veterans Affairs, or you may request it directly from them. Please note, we do not consider veterans who have been dishonorably discharged.

Year(s) of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge Status:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Past Deployments. Include Operation, Country, Operating Base

**Additional Questions**

Will you be applying for Trupanion (pet insurance for service dogs) through the VA? \_\_ yes \_\_no

*Note: This is a complex, time-consuming process that requires a lot of patience, but we highly suggest you consider it as it covers 100% of the medical bill for exams, wellness care and any treatments for illness and accidents. In our follow up, we can provide some pointers on how best to proceed in your application.*

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

Have you applied to other service dog organizations? \_\_ yes \_\_\_ no

If so, what organization(s) and what is the status of your application(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is there anything else we should consider when reviewing your application?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Application Process and Terms**

Due to the time and resources it takes to train a service dog, there may be a considerable wait from the time your Application of Interest is approved for placement with a dog. We will do our best to keep you informed of your place in line, as well as the timing. Applications of Interest are reviewed 2-3 times a year ahead of dates when veterans are matched with available dogs.

**Only complete applications will be considered.**

Step 1: Complete and submit Application of Interest

Step 2: Meet by phone, Zoom video or in person with Veteran Coordination staff

Step 3: If your Application of Interest is accepted, you will move to Phase 2 of the application process and asked to complete and submit an Application for Service Dog with $250 application fee

Step 4: Interview and home visit

Step 5: Placed in queue for matching

Step 6: Once matched, there is a **mandatory** team training every second Saturday for six months at our facility in Urbandale, Iowa. Following graduation from this training, there will be a follow up training for six months on the second Saturday of the month. **All veterans receiving a Puppy Jake service dog must be able to attend all required training including one or more of your support team.**

Step 7: Annual public access training at our facility in Urbandale

**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 does not provide. I do hereby agree to hold free from any and all liability Puppy Jake Foundations, its Board of Directors, Officers, Staff and Volunteers. I declare myself to be physically sound to participate with Puppy Jake. 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 (mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return application and additional documents to:

Puppy Jake Foundation

Attn: Applications

3101 104th St., Suite 2

Urbandale, Iowa 50322