



Service Dogs for Children on the Autism Spectrum Application

Thank you for your interest in our Service Dog program.

Retrieving Freedom, Inc.'s (RFI) mission is to train and place Service Dogs with veterans and children with autism. As defined by the American with Disabilities Act, a Service Dog is a dog which has been specifically task trained to support a specific person with a disability. Over the course of two years puppies, RFI primarily uses labrador retrievers, are taught basic commands, socialized, and evaluated for suitability as a Service Dog. Puppies are matched to their program, and eventually the child they will team with.

This application will help determine your initial eligibility to receive a Service Dog from RFI's program. Please complete this application fully for consideration. Once the application is received, RFI will review it and, if it is determined your child meets the criteria for advancement, you will be given directions for the next step in the application process. This next step involves gathering more information including formal autism spectrum disorder (ASD) diagnosis letter, functional assessment, individualized education program (IEP) or 504 (if applicable), Condition and Determination of Need form, letters of recommendations, background check, consent forms, and information about applicant photograph requirements. Submitting your child's application does not guarantee acceptance into the program nor guarantee a Service Dog placement.

RFI is an accredited member of Assistance Dogs International (ADI), and we respect the privacy of our applicants and clients and all information is kept confidential.

It is RFI's protocol to treat everyone who encounters our organization and its employees with respect and dignity. RFI conducts business, including the application process and program acceptance process, in a manner that does not discriminate against anyone for reason of race, color, religion, gender expression, age, nationality, disability, marital status, sexual orientation, or military status, the presence of mental or physical disability, or any other factor prohibited by law.

**Applicant Contact Information**

Child's Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Gender: _____ Weight (in lbs): _____ Height (in ft/in): _____

Who is the applicant's primary caregiver? _____

Relationship to applicant: _____

Does the primary caregiver live with the applicant? ☐ Yes ☐ No**Parent/Guardian Contact Information**

Parent/Guardian One Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ WidowedRelationship to applicant: ☐ Parent ☐ Guardian ☐ Stepparent ☐ Other: _____Does Parent/Guardian One live with the applicant? ☐ Yes ☐ NoIf yes, indicate how: ☐ Full-Time ☐ Part-Time ☐ Other: _____

Parent/Guardian Two Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____



3

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Relationship to applicant: ☐ Parent ☐ Guardian ☐ Stepparent ☐ Other: _____

Does Parent/Guardian Two live with the applicant? ☐ Yes ☐ No

If yes, indicate how: ☐ Full-Time ☐ Part-Time ☐ Other: _____

Is there a legal agreement between parent/guardians for custody, health care, or schooling decisions? ☐ Yes ☐ No

If yes, please provide a copy of the agreement with the application:

☐ Included ☐ NA

Is there a document establishing a legal health care surrogate or power of attorney (POA)?

☐ Yes ☐ No

If yes, who is the legal health care surrogate or POA? _____

If yes, please provide a copy of the document with the application:

☐ Included ☐ NA

Criteria Selection

Is the applicant between the ages of 5 and 11? ☐ Yes ☐ No

Does the applicant have an ASD diagnosis from a medical provider? ☐ Yes ☐ No

Is the applicant attending or enrolled to attend school? ☐ Yes ☐ No

Is the applicant excited about or do they seek out interactions with dogs? ☐ Yes ☐ No

Is the applicant in therapy program(s) (ex. speech, physical, occupational, or recreational)?
☐ Yes ☐ No

Is the entire family committed to their involvement in the application and potential addition to their lives of a Service Dog for the applicant? ☐ Yes ☐ No



Are you willing to submit all requested paperwork and information for the application process, including a copy of the applicant's official diagnosis of ASD according to the DSMV, functional assessment for the applicant from a medical provider, IEP or 504 (if applicable), Condition and Determination of Need form, references, a daily activity log, and photographs? ☐ Yes ☐ No

Are you and the applicant willing, financially ready, and physically able to travel to Iowa or Missouri to attend training and yearly follow ups at RFI? ☐ Yes ☐ No

Does the applicant have a local support network to rely on when in need of help?

☐ Yes ☐ No

If yes, describe: _____

Are you financially and physically able to support a Service Dog's needs, including feeding, grooming, exercise, training, and veterinary costs at an estimated cost of about \$2000 per year? ☐ Yes ☐ No

Has either parent, guardian, or any other person interested in handling the Service Dog ever been convicted or found guilty of a criminal offense? ☐ Yes ☐ No

If yes, describe the offense, details of the offense, and the outcome: _____

Service Dog Information

What is your goal for the applicant being teamed with a Service Dog? _____

What tasks do you think a Service Dog could do to help the applicant? _____



How do you feel the applicant's life would be different if they are teamed with a Service Dog?

How do you feel your life would be different if the applicant was teamed with a Service Dog?

Even though Service Dogs are helpful in managing disabilities, they also require daily and acute care. Please help RFI understand how you will care for the following care areas:

Exercising (about 30 minutes a day): _____

Feeding: _____

Grooming: _____

Toileting (at least 4 times a day): _____

Training (about 20 minutes a day): _____

Veterinary Care: _____



Service Dogs will often need a backup care plan if the applicant, or their family, faces a medical emergency. Please describe how you have prepared for a Service Dog's care during a short-term or long-term medical emergency.

Service Dogs are still dogs. How would you handle a situation where a Service Dog showed behavior problems?

Service Dogs come with a financial cost, such as food, grooming, medications, and veterinary visits. What plan do you have to handle this added cost to your monthly budget (about \$150/month)?

Medical Information

List the applicant's current disabilities: _____

How do the applicant's disabilities impact their daily life? _____

What is the impact of the applicant's disabilities on the primary caregiver? _____



7

Do the applicant's disabilities limit physical abilities or activities? ☐ Yes ☐ No

If yes, how? _____

Do the applicant's disabilities impact mental state or cognitive abilities? ☐ Yes ☐ No

If yes, how? _____

Does the applicant use any medical or assistive devices? (ex. Augmentative and Alternative Communication (AAC), etc.) ☐ Yes ☐ No

If yes, what is used? _____

Is the applicant able to routinely relay their needs to others? ☐ Yes ☐ No

If yes, what is the applicant's primary mode of communication? _____

If no, please explain: _____

What therapies is the applicant currently participating in? _____

How long have they been participating in these therapies? _____

What are the current goals of the therapies? _____



How do you feel a Service Dog could help with these goals? _____

Please indicate how frequently the applicant does or experiences the following:

	Never	Sometimes	Frequently
Has trouble falling asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has trouble staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has sensitivity to sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has sensitivity to being touched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has sensitivity to other stimuli: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays ability to initiate needed interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Displays impulsive behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacks age-appropriate fear or understanding of dangers in surrounding environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an excessive fear or understanding of dangers in surrounding environments or the world	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates extremes in moods with a reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates extremes in moods with no apparent reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treats animals/pets with kindness and gentleness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates aggressive behavior toward people or animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shouts or screams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a hard time regulating emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has autistic meltdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



	Never	Sometimes	Frequently
Breaks things during autistic meltdowns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in repetitive movements or behaviors (stimming, rocking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates repetitive use of language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desires a daily routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty establishing and maintaining daily routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulties with changes in routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty completing daily tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty with transitioning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to appropriately express thoughts and feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to initiate or sustain a conversation (age appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty relating to adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has difficulty relating to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares enjoyment, interests, or achievements with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prefers to be left alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to praise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands explanations and/or instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imitates activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows the ability for creative, imaginative play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays with toys appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engages in make-believe activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys art, drawing, and/or coloring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please describe the applicant's:

	Below Average	Average	Above Average
Activity Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if it is difficult to:

	Never	Sometimes	Frequently
Take the applicant in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort the applicant when distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know what the applicant needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep the applicant on a schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the applicant follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the applicant's coping strategies when encountering stress, anxiety, or negative emotions, like frustration or anger? _____

How long does it take for the applicant to return to a functional level after an episode of stress, frustration, anger, or anxiety? _____



Please list the medications your child is currently taking and what they are for:

Household Information

Please list everyone who will live in the household, including the applicant:

Name	Age	Gender	Relationship to applicant	Employed	Occupation (if applicable, list student)

Are the adults in the household supportive of a Service Dog entering the environment?

☐ Yes ☐ No

Do you live in a: ☐ Single Family Dwelling ☐ Apartment/Condo ☐ Duplex/Town Home

☐ Other (please describe): _____

How long have you lived at this residence? _____

Do you own or rent your home? ☐ Own ☐ Rent

If you rent, please explain the rules regarding animals: _____



12

Are you expecting to move in the next 12 to 24 months? ☐ Yes ☐ No

Has the applicant had a negative experience with or towards dogs or any other animal?

☐ Yes ☐ No

If yes, please explain: _____

Please list pets inside or outside the home: ☐ Not Applicable

Species	Age	Sex	Spayed/Neutered		Where pet lives
			Yes	No	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Have you ever given away or surrendered a dog to a shelter or rescue? ☐ Yes ☐ No

If yes, please describe: _____

As part of processing this application, RFI may contact your current veterinarian, if applicable, to ask about health care provided to your current or previous pets. Please list a veterinarian who can attest to this information.

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____



This veterinarian or clinic:

☐ Treats my current pets

☐ Treated my pets in the past

Does your home have a fully fenced yard? ☐ Yes ☐ No

If yes, please describe fence type and characteristics: _____

School Information

School District: _____

Name of school: _____

Address: _____

City: _____ State: _____ Zip Code: _____

What month does the school year start and end? _____

Is the applicant in: ☐ Closed Classroom

☐ Mainstream Classes

☐ Exceptional Student Education Classes

☐ Other: _____

Does or will the applicant attend school full-time or part-time? ☐ Full-time ☐ Part-time

If part-time, what days and hours do they attend? _____

Does the applicant have a one-on-one teacher/aid? ☐ Yes

☐ No

Caregiver Responses

Primary Caregiver:

What are your expectations for the addition of a Service Dog to the applicant's health care team? _____



What are your concerns or reservations about the addition of a Service Dog to the applicant's health care team? _____

Parent/Guardian Two (if different from primary caregiver):

What are your expectations for the addition of a Service Dog to the applicant's health care team? _____

What are your concerns or reservations about the addition of a Service Dog to the applicant's health care team? _____

Comments

Please share any additional thoughts or comments you would like to provide to RFI in the application process:

**Signature**

By signing my name below, I attest the information I have provided is true to the best of my knowledge, up-to-date, and accurate. I understand this application does not guarantee acceptance into the program nor does it guarantee a Service Dog placement.

By signing my name below, I authorize RFI to evaluate my child's application for their Service Dog program, and, if selected to continue with the application process, I agree to submit any needed additional information and documentation. I agree, if selected to continue, to give any needed updates regarding my health, living situation, and other requested items.

Primary Caregiver: _____

Signature: _____ Date: _____

Parent/Guardian One Name: _____

Signature: _____ Date: _____

Parent/Guardian Two Name: _____

Signature: _____ Date: _____

For questions or to email the application please send to:

ClientServices@retrievingfreedom.org

Mail application to:

Retrieving Freedom
Attn: Client Services
20360 Tangle Nook Road
Sedalia, Mo 65301