



RETRIEVING
FREEDOM INC

Veteran Application and Agreement

PLEASE COMPLETE ALL FIELDS TO THE BEST OF YOUR ABILITY
ALL INFORMATION IS CONFIDENTIAL AND FOR RFI USE ONLY

Retrieving Freedom trains Service dogs for combat related disabilities, PTSD and Traumatic Brain Injuries.

Retrieving Freedom does not currently train dogs for MST due to limited facility resources

YOUR INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____ Work: _____ Cell: _____

Email: _____

Date of Birth: _____ Gender: _____

Approximate Weight (lbs): _____ Approximate Height (feet/inches): _____

Marital Status: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____ Work: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone – Home: _____ Work: _____ Cell: _____

May RFI contact your contacts for professional purposes: _____

EMPLOYMENT

Are you currently employed? _____

Place of employment: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Phone: _____

Employment Start Date: _____

Basic job duties/responsibilities: _____

May RFI contact your employer? _____

DOCTOR INFORMATION

Are you currently being treated by a doctor for a service related disability?

Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Is your doctor available for a consultation regarding this application? _____

PSYCHIATRIST INFORMATION

Are you currently being treated by a psychiatrist for a service related disability?

Psychiatrist's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Is your psychiatrist available for a consultation regarding this application? _____

DISABILITY INFORMATION

What is your primary diagnosis?

What other medical conditions do you have?

How are your daily living skills affected?

What are your limitations?

Do you have any physical restrictions or precautions you must take because of your diagnosis?

What type(s) of medical treatment are you currently receiving?

What medications are you taking and what is each of them for?

What types(s) of adaptive equipment do you use? (i.e. manual wheelchair, power chair, walker, cane, hearing aid, etc.)

What is the percentage of your disability?

Please list the percentage breakdown? (XXX% for XXX)

LIVING INFORMATION

Where do you live? (house, apartment, dorm, etc.)

With whom do you live? (Alone, with parents, with spouse, with spouse and children, with children, with roommate, etc.)

Describe your home and property: (Square footage, type of flooring, fenced yard, in town/rural, etc.)

How many animals live in your home?

If so, what types of animals are they?

ABOUT YOU

Briefly describe the places you have gone in the last 30 days?

Are you able to drive?

Do you require a vehicle with adaptive controls?

If yes, please describe what controls are in place?

Prior to being injured, what things did you enjoy doing?

What are you no longer able to do as a result of your injury?

SERVICE INFORMATION

Branch: _____

When did you join the armed forces? _____

Are you discharged from the armed forces? _____

What type of discharge did you receive: _____

Highest rank achieved: _____

In which theater(s) of conflict and campaigns did you serve? _____

Please describe your service related injuries and the circumstances under which they occurred: _____

DOG INFORMATION

Why do you want a service dog? _____

How would a service dog help you better cope with or manage your disability and to make you more independent? _____

How do you think life would change if you had a service dog? _____

Please describe how you will handle the following areas of dog care:

Feeding:

Grooming:

Toileting:

Your absence during an emergency:

Family/friend involvement:

Dog behavior problems:

Please describe how you will handle the following areas of veterinary care for a dog:

Fleas, ticks, heartworm:

Financial expenses upon receiving the dog:

SERVICE DOG TRAINING PROGRAM

What specific difficulties might you have with a physically rigorous, emotionally demanding training program?

What modifications can you make to accommodate this training?

What modifications must the training program make to accommodate your specific difficulties?

How will you handle costs and time required to attend the required training?

Is there and other information you wish to voluntarily provide to help us develop a better service dog training regimen for a dog being trained to assist you?

Any Additional comments or thoughts that you would like to provide to RFI in the consideration to receive a service dog:

SIGNATURE

By signing my name below, I attest that all the information I have provided is true to the best of my knowledge, up-to-date and accurate and I hereby authorize RFI to evaluate your application

Signature: _____ Date: _____

*****Please attach your DD-214 and VA award letter with your application. *****

Following the receipt of this application and the above attachments, an RFI representative will be in contact with you to set up a phone consultation.

PRIOR TO ACCEPTANCE FOR A PTSD SERVICE DOG: All applicants are required to participate in an in-person consultation and to return a mental health form that will be provided at that point.

For questions or to email the Application please send to: info@retrievingfreedom.org

Mail Application to:

***Iowa Location
Attn: Applicant Office
1152 230th St
Waverly, IA 50677***

***Missouri Location
Attn: Applicant Office
PO Box 2209
Sedalia, MO 65302***

For office use:
Application received on: _____ date