

Application received on: _____



Autism Application and Agreement

STEP ONE: Please fill out all forms, questionnaires and charts.

RFI recognizes that demand for autism service dogs is high and availability is limited. Unfortunately due to the demand, RFI must qualify applicant, please apply as early as possible. RFI aims to place dogs for individuals between the ages of 5-13. Individuals over the age of 13 will be evaluated on a case-by-case basis and our ability to serve their needs. Individuals under the age of 5 will not be accepted into the training and placement program until the child's 5th Birthday.

Please print legibly

Applicant child's name: _____ DOB _____ Sex: _____

Primary caregiver name: _____ Relationship to the child _____

Secondary caregiver name _____ Relationship to the child _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Does secondary caregiver live with primary caregiver? yes no

Secondary caregiver residence if other than above:

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Child's school: _____ grade _____ N/A _____

Have you owned a pet in the last 10 yrs? yes no Type _____
#years owned _____

More than one pet in the last 10 yrs? Please list:

Do you currently have pets in the home?

yes no type _____ number _____

If you currently own a dog, what is the breed _____ and age: _____

If you owned a dog but no longer do, please explain the reason you no longer own a dog:

Do you live in a __house__ apartment__ condo__ town house_____ other

What is the approximate square footage of your residence? _____ sq ft

How many bedrooms?__ and the number of rooms for play or recreation? _____

Do you have a yard? __yes__ no Approximate sq ft _____ sq ft

Is your yard securely fenced? __yes__ no Height of the fence _____ ft

How many individuals live full time at your residence? _____

Name, age, and relationship to primary caregiver:

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Others who may stay overnight for visits:

Name: _____ age__ relationship _____

Name: _____ age__ relationship _____

Does the child have visitations with relatives without primary caregiver(s) present?

__yes__ no

If yes, explain *who?* _____

how often? _____ *how long?* _____

Does the (applicant) child attend school? __yes__ no If no, why not? _____

Does the (applicant) child have a one-on-one teacher? __yes__ no, or other _____

If your child *will* attend school, what calendar year will the child attend school? Year 202__

If your child attends school what month does school start and end for your child?

Do they attend summer school? _____

The name of the school the child currently attends: _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ Extension _____

Is your child or *will* your child be mainstreamed at school, attend special education classes, or some other program? Please explain: _____

Are you aware of any service dogs working in the school your child attends or will attend?
__yes__no If yes, what is the nature of the dog's service? _____

Does primary caregiver work outside the home? _____

Do you vacation as a family? __yes__no

What does your family do for recreation? _____

Does your special needs child attend? _____yes_____no Participate? _____yes_____no

Can you afford an average of \$150 per month (yearly shots, hygiene, food, etc) to support a service dog?
__yes__no

Where will the service dog sleep?

Where will the service dog rest?

Where would you exercise the service dog?

when? _____

how? _____

What are the major challenges you experience as a primary caregiver of a child with autism?

The challenges other family members experience?

How will a service dog change your life and that of other family members?

Briefly, in what way do you think a service dog might enhance the life of your child?

(Primary caregiver) Briefly, what are your expectations?

(Secondary caregiver) What are your expectations?

What concerns/reservations do you have with respect to owning a service dog?

Is there anything we have not asked that you feel is important for us to know about you, your child, or your family? yes no

The first 3 months after placement is a time of major adjustment for the dog, you, your child and the rest of the family, and as such, RFI wants to be certain that the family is fully prepared for the personal investment and hard work required. It's fun and exciting too, but there is much to be done initially in preparation and during the first few months after the placement.

Will you be available for follow-up meetings?

Yes ___ No ___

Waverly, IA _____ or Sedalia, MO _____

As a 501c3 non-profit organization RFI does not require any cost for receiving a service dog, thus our production is directly related to the contributions that have been received. With the permission of each accepted applicant, RFI can build a recipient donor page. This will have a goal of \$7500 and be placed on the RFI website as a way to encourage donations to the organization. RFI appreciates any involvement in achieving this goal, but does not deny or place dogs according to the amount raised. Many contributions are given to RFI through this platform, and are all placed within RFI's general program services contributions account. Donations are not specifically allocated to any specific recipient or do they constitute a purchase of a dog.

Often the expectation of the parent of a child with autism seeking a service dog is that the service dog will perform immediate miracles, and being a uniquely trained dog means the dog is fundamentally different than other dogs, a sort of "robot" dog that responds the instant you give a command; never makes a mistake; never sulks or barks, and never has an off day. Highly trained dogs are still dogs that have basic needs that must be met to be well-balanced and perform consistently. A well balanced dog is calm, friendly, and content. To a great extent a dog's mood, performance and quality of companionship depends on his/her environment, the amount of exercise, discipline and affection given by the new owner.

I understand and accept the responsibility, financial investment, and care required of owning a (service) dog. All family members will respect the basic needs of the dog for proper diet, shelter, veterinary care, exercise, attention, and rest. If, at any time, I, or members of my immediate family, cannot meet the requirements of proper care, I understand the service dog is to be returned to Retrieving Freedom, Inc. I further agree to follow RFI instruction regarding any required reading, training, orientation classes and the transition and integration process of the service dog into our home.

Signed _____ Date _____

Full name of primary child caregiver/ dog handler

Primary caregiver name: _____

Primary caregiver address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email: _____

Child's Name _____ DOB: _____

Step Two:

Primary Caregiver: _____

(Print)

Secondary Caregiver: _____

(Print)

Recipient Child: _____

(Print)

1) Diagnosis requirement

- a. A DSMV official diagnosis of Autism or PDDNOS obtain from a credible psychiatrist trained in diagnosing Autism spectrum disorders
- b. A functional assessment from that same provider that suggest the candidate can meet the level of physical and mental functioning to benefit from a service dog

Provide statements of child's condition, difficulties, and needs from extended family members, one of the child's current service providers, associates or friends of the family, teacher or school official. A minimum of 3 concise statements from three different sources describing the child's major disabilities are required. One of which must come from the school that the child attends or will be attending.

We understand that contributions are not payment for a service dog, nor a guarantee our child will receive a service dog. While contributions may be given to RFI in the direction of a particular child, we understand those funds do not constitute a purchase. All the funds donated to the RFI organization are used to the best purpose determined by the Board of Directors.

If at any time during training, the transitional phase or tether training, a RFI representative determines the caregiver, caregiver's partner or family is unsuitable to continue placement of a (service) dog, RFI may exercise its right as stated above to withdraw the service dog without monetary reimbursement to any party.

We understand that due to the increase in cases nationwide that the demand for service dogs for children with Autism far outweighs the supply. Not everyone that applies will be able to receive a service dog, and RFI will place dogs to the best of their ability with the applicants that show the greatest need of a trained service dog.

Official DSMV Diagnosis of child: _____

Name of Credible Psychiatrist trained in diagnosing autism who made the diagnosis:

_____ Phone Number: _____

Can RFI contact above: _____

Caregiver/ Parent _____ Date: _____

Caregiver/Parent _____ Date: _____

Step Three:

Mail the printed application form, questioner, all documents including the diagnosis report, functional assessment and photos of the applicant child and your home environment. Photos should include bedrooms, kitchen, living rooms, and yard space.

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.

For questions or to email the Application please send to: maddy@[retrievingfreedom.org](mailto:maddy@retrievingfreedom.org)

Mail Application to:

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

CONSENT TO RELEASE INFORMATION FORM

Retrieving Freedom, Inc.
Application Office

Iowa Facility: (319) 505-5949
Missouri Facility: (660) 586-2055

Name: _____ D.O.B: _____

Initial ONLY ONE box:

I authorize Retrieving Freedom Inc. to communicate with the emergency contact and medical providers (listed below) in order to obtain and release information (written or verbal) regarding the disability of the applicant and its impact on major life activities. I understand that I may revoke consent at any time and that this revocation must be delivered to the Retrieving Freedom, Inc. Applicant Office during standard office hours. This consent form will be valid beginning the date it is signed and ending if I withdraw from the training and placement program at Retrieving Freedom, Inc.

I have chosen NOT to complete this form, and I decline to give permission for Retrieving Freedom, Inc. to communicate with anyone on the behalf of the applicant. In doing so, I understand that Retrieving Freedom, Inc. may not be able to support my request to obtain a service dog.

Client Signature (or legal guardian)

Date of Authorization

_____ Emergency Contact Person	_____ Relationship to client
_____ Address	
_____ Telephone Numbers (Home/Cell/Work)	
_____ Email Address	

_____ Mental Health Care Provider	
_____ Address	
_____ Telephone Number	_____ Email Address

CONSENT TO PERFORM A BACKGROUND SCREEN FORM:

Retrieving Freedom Inc.

Application Office

Iowa Facility: 319-505-5949

Missouri Facility: 660-586-2055

It is the policy of Retrieving Freedom Inc to conduct background check on all applicants/handlers. Being charged with or convicted of a crime does not necessarily disqualify an applicant. All information obtained in for Retrieving Freedom use and will not be distributed.

The following document is a consent form to allow Retrieving Freedom staff to perform a background screen.

Along with the completed form, please send along a non-refundable \$30 check or money order to cover the expenses of this screen. If submitting multiple screening forms, please include \$30 per screen.

For Autism families, please fill out a form for each handler and send appropriate amount to cover each screen.



G&A Retrieving Freedom Inc.	Permissible Purpose Certification: <input checked="" type="checkbox"/> Pre-Employment Screening
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BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

Applicants: Please read the following statements carefully

NOTICE

In connection with your application for or continued employment, G&A Retrieving Freedom, Inc.. (“Company”) may order a background report (“consumer report”) or an “investigative consumer report”. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Company, throughout your employment where permissible by law. These reports may contain information about your character, general reputation and/or mode of living and may include information including, but not limited to: social security number verification, criminal/civil records, driving records, employment and education history, professional licensing/certifications, credit reports, and drug testing results.

Investigative consumer reports are consumer reports gathered from personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. A disclosure regarding the nature and scope of an investigative consumer report shall be made in writing and delivered to you by the Company no later than five days after (i) the date on which your request for the disclosure was received or (ii) the date on which the investigative consumer report was first requested, whichever is later.

LS Screening, LLC, (“LSS”), a Consumer Reporting Agency, will prepare the consumer report. They may be contacted at:

PO Box 3051
 Forney, TX 75126
 (800) 755-3392 Voice/(800) 283-4883 Fax

Per the Fair Credit Reporting Act, you may be entitled to a copy of the report. The Fair Credit Reporting Act gives you specific rights in dealing with Consumer Reporting Agencies. You will find these rights summarized in *A Summary of Your Rights Under the Fair Credit Reporting Act*. A copy of that document can be found at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

Minnesota applicants only: You have the right, upon written request to LSS, to receive a complete and accurate disclosure of the nature and scope of any consumer report. LSS must make this disclosure within five days of your request for disclosure or of the Company’s request for the report, whichever is later.

Minnesota / Oklahoma applicants: You have the right to receive a copy of your consumer/investigative consumer report by checking “Yes” below. Please check the appropriate box if you would like to receive a free copy of your consumer report.

YES NO

New Jersey applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS. You may inspect and order a free copy of the report by contacting LSS.

New York applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS, and you will be provided with the name and address of LS Screening. You may inspect and order a free copy of the report by contacting LSS. By signing below, you certify that you have received a copy of New York Correction Law 23-A.

Washington State applicants: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by the Company. You also have the right to ask LSS for a written summary of your rights under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND REPORTS

By providing the requested information and signing below, I acknowledge receipt of the **Background Screening Disclosure and Authorization Notice, A Summary of Your Rights under the Fair Credit Reporting Act** (available at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf) and any other document referenced in this Background Screening Disclosure and Authorization Notice and certify that I have read and understand all of those documents provided to me by the Company. By my signature below I hereby authorize the Company to obtain consumer reports and/or investigative consumer reports for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LS Screening, PO Box 3051, Forney TX 75126, (800) 755-3392 Voice/(800) 283-4883 Fax. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that signing my name below, constitutes my consent and that by doing so: I am acknowledging Company has disclosed that they may request a consumer report or investigative consumer report; that I am authorizing LS Screening to conduct the background check(s) described above; and I certify that facts and information in this form and any attachments I have provided are true, accurate, and complete to the best of my knowledge.

PLEASE PROVIDE ALL INFORMATION AND PRINT CLEARLY

APPLICANT'S LEGAL NAME:

_____ Last Name First M.I.

SOCIAL SECURITY #:

DATE OF BIRTH:

Month/Day/Year

CURRENT HOME ADDRESS:

_____ Street City/State Zip

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

EMAIL ADDRESS: _____

APPLICANT SIGNATURE : _____ DATE: _____

www.lsscreen.com
Fax to (512) 275-1134
Email to consents@lsscreen.com