

For office use:
Application received on: _____



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 service connected 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: _____ Sex: _____

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

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

_____.

How many individuals live full time at your residence? ____

Name, age, and relationship:

Name: _____ age ____ relationship _____

Name: _____ age ____ relationship _____

Name: _____ age ____ relationship _____

Name: _____ age ____ relationship _____

Name: _____ age ____ relationship _____

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: _____

Third-Party research consent:

Please sign below if you consent to Retrieving Freedom Inc sharing contact information regarding third party research to use of Service Dog. This is only to share your contact information. You can decline or withdraw at any time.

I agree to allow RFI to share my contact information: _____

I do not want my contact information to be shared by RFI: _____

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 or other certificate of honorable discharge, a VA award letter including breakdown of diagnosis percentages. If you do not have VA documents on hand, please contact your Regional VA Office. Along with the documents listed above, please attach a photo of yourself along with photos of you home. Home photos should include: bedroom, kitchen, living room, 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.

PRIOR TO ACCEPTANCE FOR A SERVICE DOG: All applicants are required to participate in an in-person consultation at your selected location and 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
20360 Tangle Nook Rd
Sedalia, MO 65301***

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 my disability 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 my behalf. In doing so, I understand that Retrieving Freedom, Inc. may not be able to support my request to obtain a service dog.

Client Signature

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

STOP AND
READ CAREFULLY!

Notice of Exception of Rights of Confidentiality

I understand that all information disclosed within Retrieving Freedom, Inc. is confidential and will not be discussed with anyone outside of Retrieving Freedom, Inc. without my written consent as indicated above.

However, exceptions to this will be made under the following conditions:

1. When a client engages or threatens to engage in behavior which poses a danger of causing physical harm to self or others.
2. When a client engages or threatens to engage in behavior which would cause significant property damage OR directly and substantially impede the lawful activities of others
3. When a client engages or threatens to engage in legal action against Retrieving Freedom or its agents.

Signature

Date

Retrieving Freedom, Inc. Representative

Date

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 a background check on all applicants/handlers. Being charged with or convicted of a crime does not necessarily disqualify an applicant. All information obtained is 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. If you are a resident of Arkansas, please reach out to the numbers listed above since this will require a different form.

Along with a completed form, please send along a non-refundable \$15 check or money order to cover the expenses of this screen.

For Autism families, please fill out a form for each handler and send the appropriate amount to cover each screen. (For example, if both parents/caregivers are looking to become certified, please fill out 2 consent forms, one for each individual, and send in a \$30 check or money order)

NOTICE – BACKGROUND INVESTIGATION

In connection with your employment/licensure (including contract or volunteer services) or application to rent a dwelling with _____ (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and AmericanChecked, 4870 South Lewis Ave., Suite 120, Tulsa, OK. 74105; Phone:1- 800-975 9876, For information about AmericanChecked privacy practices, see <http://americanchecked.com/privacypolicy>. The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

ACKNOWLEDGEMENT AND AUTHORIZATION

By signing below, I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by the Company at any time after receipt of this authorization and throughout the course of my employment, if applicable.

Signature: _____ Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

Last Four Digits of SSN: _____

Additional Information (for INTERNAL USE ONLY)

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted _____ / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: AmericanChecked, Inc. (Agency) at (918) 742-6737.

Printed Full Name: _____

Signature: _____

Date: ____/____/____ Company Name: _____

Current Address: _____
City State Zip

Previous Address: _____
City State Zip

For identification purposes:

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____ State of Issue: _____

Email Address (Optional): _____

Supplemental State Disclosures

Connecticut applicants/employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying

Maine applicants/employees only: You may contact the Company to request the name, address and telephone number of the nearest unit of AmericanChecked designated to handle inquiries, which Company shall provide within 5 business days. You have the right to request and promptly receive a copy of any investigative consumer report requested by Company by contacting the nearest unit of the Consumer Reporting Agency directly.

Maryland applicants/employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants/employees only: The precise nature and scope of any investigative consumer report will be the same as described in Background Check Disclosure. You have a right to obtain a copy of any investigative consumer report upon request from AmericanChecked Inc., 4870 South Lewis Ave. Ste. 120, Tulsa OK 74105, telephone 800-975-9876.

Minnesota applicants/employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from AmericanChecked, Inc. 4870 South Lewis Ave. Ste. 120, Tulsa OK 74105, telephone 800-975-9876.

New Jersey applicants/employees only: The precise nature and scope of any investigative consumer report will be the same as described in Background Check Disclosure. You have a right to obtain a copy of any investigative consumer report upon request from AmericanChecked, Inc. 4870 South Lewis Ave., Ste. 120, Tulsa OK 74105, telephone 800-975-9876.

For Oregon applicants/employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

For Washington State applicants/employees only: You have the right, upon written request made 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 any “investigative” consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph should be made to: AmericanChecked Inc., 4870 South Lewis Ave., Ste. 120, Tulsa OK 74105, telephone 800-975-9876.

If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>