

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:\_\_\_\_\_

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

**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, and photos of your home environment with your application. If you do not have VA documents on hand, please contact your Regional VA Office. 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 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](mailto:info@retrievingfreedom.org)**

**Mail Application to:**

**Iowa Location  
Attn: Applicant Office  
1152 230<sup>th</sup> 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