



APPLICATION FOR GUARDIAN SERVICE DOG

Thank you for your interest in obtaining a service dog from Wisconsin Guardian Foundation. ("WGF"). WGF provides trained service dogs to disabled men and women who serve or served our country in the U.S. Military, Law Enforcement, Fire or Emergency Medical Service, who now suffer from mobility impairment, traumatic brain injury, or a clinical diagnosis of a psychiatric impairment. WGF is **not** able to provide guide dogs to individuals who are legally blind or hearing impaired.

To apply for a service dog from WGF, the following steps are required (please include a check mark or other similar designation next to each item confirming you have completed it):

1. Completed Application for Service Dog:
2. Medical History Form:
3. Physician Statement of Disability:
4. Letter of Recommendation:
5. Letter from Employer/School if applicable (see Part III. Employment):

The rest of the packet will be sent after your application is received by our Guardian Service Dog Committee once your preliminary evaluation is approved:

6. WGF Code of Conduct Form:
7. Contract:
8. General Liability Release Form

Additional Requirements:

1. (a) For applicants with military service: (i) for veterans, a copy of DD214 that contains a separation code; or (ii) for active-duty personnel, an Enlisted Record Brief with Social Security Number removed:

(b) For current or former members of Law Enforcement, Fire Department or EMS, a letter from your Commander (or equivalent authority) confirming service:

2. A copy of your driver's license or government ID:

3. Proof of Income (*e.g.*, paystub, letter from employer, Social Security statement, bank statement **with SSN's and account numbers removed**):

4. Criminal Background Check (please note: information obtained does not necessarily exclude you from consideration)

5. Financial Background Check (please note: information obtained does not necessarily exclude you from consideration)

6. Home Visit

Your application will be reviewed once we receive your ***complete application at the email or address below. Please be specific and thorough with your answers.*** After its review, you will receive an email with an initial response to your application, and if preliminary evaluation meets approval: the next steps of our application process and the rest of the packet.

We typically conduct interviews on a case-by-case basis, failure to submit a complete application will result in additional delays. Fundraising for service dogs is done on a case-by-case basis. Satisfaction of all requirements contained herein does not guarantee approval nor does it guarantee award of a service dog. WGF does its best to meet the needs of qualified applicants and we seek the best possible situations for our dogs.

Please sign and date to acknowledge you have completed the application in full and understand all of the terms and conditions set forth herein.

Printed Name: _____

Signature: _____

Date: _____, 20_____



Please Return **Completed Application** to:

Wisconsin Guardian Foundation, Inc., 131 S. Ann Street, Hustisford, WI 53034
or Scan and email as completed pdf attachment to:
wayne@wiguardianfoundation.org.

APPLICATION FOR SERVICE DOG

Date of Application: ____/____/20____

Part I. Personal Information

Full Name of Applicant: _____

Gender: Male ____; Female ____ Date of Birth ____/____/____

Street Address: _____

City: _____ County: _____ State: _____

ZIP Code: _____

Mailing Address (if different from above): _____

City: _____ County: _____ State: _____

ZIP Code: _____

Home Phone: _____ /Alternate Phone: _____

E-mail Address: _____



Have you ever been convicted of a court martial, non-judicial punishment or felony?

Yes___; No__ If yes, explain:

Are there currently any charges pending against you that could result in a court martial, non-judicial punishment or felony? Yes___; No__ If yes, explain:

Are you physically, mentally, emotionally, and financially able to care for a service dog if you are awarded one? Yes ___; No ____.

Projected Date Available to Start Training: _____, 20__

Training is conducted in Iron Ridge, Wisconsin and directly followed by in-home training. Annual recertification is required (approximately the 4th week of every August), permission to reschedule (within 30 days) must be approved by the Guardian Service Dog Director and Committee with 3 months advanced notice.

Part II. Family/Living Situation

Current Marital Status: Single, never married ___; Married ___; Committed cohabitating relationship ___; Divorced ___; Separated ___; Widowed ___.

In what type of residence do you reside? Private Home ___; Apartment ___; Dormitory ___; Assisted Living Facility ___; Group Home ___; Mobile Home ___; Other (please describe) _____.

Do you have a fenced yard available for your use? Yes ___; No ____.

Please give name, age, and relationship of those with whom you live.

Do you currently have any pets in your home? Yes ___; No __. If yes, please describe the number, type, gender, breed and age of all pets: _____



Have you ever owned a dog before? Yes ___; No ___. If yes, explain how you cared for the dog.

Is anyone in your home allergic to dogs? Yes ___; No ___. If yes, explain:

Does anyone in your home have a fear of dogs? Yes ___; No ___. If yes, explain:

What type of support is available to assist you with the care of your service dog (*e.g.*, taking it to the veterinarian, feeding, bathing, walking, etc.)? _____

What is the name, address, and phone number of the most recent veterinarian you used for any of your animals and what were the names of those animals? Also, please explain the reason for the most recent visit to such veterinarian. _____

May we contact the veterinarian whose information is provided above? Yes ___; No ___

If you are single or living alone, do you have someone in your support network that could assist short term with taking care of your service dog if something happened to you (*e.g.*, illness or injury)? Yes ___; No ___. If yes:

Individual's Name: _____

Relationship: _____

Individual's Email: _____



Individual's Phone: _____

Emergency Contacts: Please provide two (2) emergency contacts.

1. Emergency Contact's Name: _____

Relationship: _____

Phone Number: _____

2. Emergency Contact's Name: _____

Relationship: _____

Phone Number: _____

Part III. Employment Situation

What is your current employment situation? Employed (full time) ____; Employed (part time) ____; Employed (per diem) ____; Unemployed ____; Student ____ (please specify name of learning institution, anticipated date of graduation and degree:

What is your primary source of income? Self (through employment): ____ ; Disability ____ ; Spouse/Significant Other ____; Other ____ (please specify): _____

How do you get to and from work/school on a daily basis?



Do you intend to take your service dog with you to work/school? Yes ___; No ____. If yes, have you notified your employer/school and received approval? ? Yes ___; No ____. If yes, please provide employer/school: Contact Name: _____; Title: _____; Business Name: _____; Contact Number: _____; Contact Email: _____

****If you answered yes, please attach letter of approval to your application.****

If you do not intend to take your service dog with you to work/school, how many days per week will your service dog be left outside of your care? _____ How many hours per day will the service dog be left outside of your care? _____

If you do not intend to take your service dog with you to work/school, how do you intend to care for your service dog in your absence (housing, food, water, exercise, supervision, bathroom breaks)? Please explain:

If you are not currently employed, do you plan on becoming employed? Yes ___; No ____. Explain: _____

Please answer the following questions only if you are currently employed.

Do you work outside of your home? Yes ___; No ____. If yes, where do you work (please describe the work environment, e.g., large/small office; high rise/single story; rural, suburban, downtown; indoors/outdoors, etc.)?

Who is your current employer? _____
May we contact your current employer? Yes___; No____.
If yes, Phone # _____; Contact Name: _____

Part IV. Service to Community.

Are you a veteran of the United States military, or have you ever worked as a first responder with Law Enforcement, Fire Department or Emergency Medical Service? Yes _____; No _____.



If yes, in which branch of the military or first responder position did you serve? Air Force ____;
Army ____; Coast Guard ____; Marines ____; Navy ____; Law Enforcement Officer ____;
Firefighter ____; Emergency Medical Services ____; Other _____.

Component (if applicable) (check all that apply): Active ____; Reserve ____; Guard _____

Dates of Service (MM/DD/YY): _____ to _____. Location: _____. Dates
of Service (MM/DD/YY): _____ to _____. Location: _____. Dates of
Service (MM/DD/YY): _____ to _____. Location: _____.

Rank Discharged As (if applicable): _____. Type of
Discharge (if applicable): _____.

Have you been reviewed by a medical board within the last twelve (12) months? Yes ____; No ____.
If yes, Medical Board Review Disposition (*e.g.*, fit, unfit, under review):
_____.

During your career, have you ever worked with any of the following underserved populations?
Individuals with Disabilities ____; Elderly ____; Abused Children ____; Battered Spouses ____;
Terminally Ill Patients ____; Animal Rescue ____; Other (explain): _____

Please provide specifics regarding your service to the community, including the name(s) of the
agencies you worked with, the length of time served and a brief description of the type of services
you provided.

Part V. Miscellaneous.

Please describe, as specifically as possible, how a service dog will assist you in becoming more
independent and productive at home and in your community. Attach additional sheets if necessary.



Continued:

Please tell us how you were injured (if applicable) and what residual issues from your injury would require assistance from a service dog.

How would a service dog help you with your mental health and/or psychological needs? Please be as specific as possible. Attach additional sheets if necessary.

Are there any obstacles or issues which would prevent you from attending team training (which will be the portion of training where you will work with the trainer and the dog on a schedule to be determined by you and the trainer over a week period)?

Part VI. Acknowledgement and Signature

By signing below, I certify that all of the information I have provided on this application is current, accurate, and correct, and truly represents my needs and present situation. I understand that failure to give complete information or falsification or misrepresentation of information may prevent me from receiving a service dog or may cause me to lose a service dog if one is awarded to me. I agree to surrender any service dog awarded to me by WGF and return all materials, equipment and supplies provided by WGF in the event of any failure to provide complete information or falsification or misrepresentation of information by me. I understand that any information obtained by WGF is confidential, and other than being shared with WGF's agents, representatives or advisors for the sole purpose of assessing my qualifications for a service dog, will not be released to any person or outside agency without my written consent.

Printed Name

Signature of Applicant

Date

