

What kind of assistance dog are you looking for?

- Guide Service Hearing Social/Therapy Seizure Alert
- Other: _____

What is your marital status?

- Single Married Separated Divorced Other: _____

With whom do you live? [Check all that apply]

- Alone With parent(s) With spouse or significant other With Attendant
- With roommates Other: _____

Where do you live?

- In a house In apartment In a dorm Other: _____

Check on this line if you live with children have children who visit regularly.

How many children? _____ What are their ages? _____

Check on this line if your current living situation has a fenced yard or an enclosed area.

Are you able to travel to the program office for your interview? Yes No

If no, please explain: _____

Applicant Signature

Date

If the applicant is a minor, or under guardianship or conservatorship or a ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Name

(First): _____ (Last): _____

Relationship to applicant: _____

Address: _____

City: _____ State, Zip: _____

Home Phone: () _____ Fax: () _____

Parent or Guardian Signature

Date

FOR OFFICE USE ONLY

Date Received: _____ Received By: _____

Application Complete Yes No

Meets program requirements: Yes No

Interview Scheduled: _____ Pre-interview form sent: _____

Method of Interview: Phone or Video In Person Other: _____