



**SERVICE DOG APPLICATION**

**Applicant's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part 1**

**Thank you for requesting a service dog application** from UDS Service Dogs Program. The addition of a service dog into a person's life is a big commitment. The benefits, both physical and emotional, are significant. We encourage interested parties to apply for a dog. This in no way commits the applicant to a decision, but instead indicates an interest and allows us to schedule an interview to discuss the specifics of the program and how a dog may fit into and benefit the individual's life.

**We generally no longer place full service dogs** with children under the age of 10. It is felt that younger children do not have the developmental skills necessary to allow for the consistent care and handling that is so vital for the success of a working team.

**Since the usual waiting period for placement** can be up to 3 years, please do not hesitate to complete the application if your child is currently age 7 or older. It is important that we learn about the applicant, so we ask that the person applying for the dog complete the application. If unable to do so, please complete it using the applicant's own words. In the case of children under the age of 18 we support the assistance of the parents and/or guardian.

**There is a \$25 non-refundable processing fee that must be included with the application.** Once the application has been reviewed, an initial interview will be scheduled.

**UDS Service Dogs Program is a Candidate member of Assistance Dogs International.** UDS Service Dogs respects the privacy of its applicants and recipients and all information is kept confidential although files may be periodically reviewed by accreditation agencies to ensure UDS Service Dogs Program commitment to the highest standards of excellence in the assistance dog industry.

UDS Service Dogs Program conducts its business and acceptance process in a manner that will not discriminate against anyone on the basis of race, color, religion, gender, national origin, age, the presence of mental or physical disability, sexual preference, life expectancy, or whether the individual is a disabled veteran or veteran of any era. It is UDS Service Dogs Program's policy to treat everyone who comes in contact with our organization with respect and dignity at all times.

At no time will UDS Service Dogs Program require applicants, students, or graduates to participate in fundraising or marketing activities on behalf of our program.

**I have read, understand, and agree to Part 1 of this application (please initial):** \_\_\_\_  
**(parent/guardian please initial if applicant is under the age of 18 years):** \_\_\_\_\_

## **Part 2**

### **What to expect when you apply for a service dog:**

You will participate in an initial interview. Most initial interviews are held in person at UDS Service Dogs Program training facility. If the applicant is under the age of 18, all custodial parents or legal guardians must attend the interview. Expenses associated with travel, and lodging if necessary, are the applicant's responsibility.

### **What to expect after your interview and in-home evaluation visit:**

You will receive a letter within 30-45 days of your interview. Your letter will either be an acceptance into our program and you will be added to our client waiting list or a rejection letter that our program is not a good fit for your needs.

### **What to expect during your waiting time:**

We encourage you to attend weekly training classes (or as many as possible).

We encourage you to attend bi-weekly Saturday outings whenever possible.

We recommend you start fundraising for expenses associated with having a service dog.

We encourage you to be excited, enthusiastic and patient. We will do our best to place a dog to meet your expectations in a timely manner. This is a process and the wait time can be up to 3 years.

We encourage you to contact us with questions or concerns; we are here to help make this process as smooth and comfortable for you as we can.

**I have read, understand, and agree to Part 2 of this application (please initial): \_\_\_\_**  
**(parent/guardian please initial if applicant is under the age of 18 years): \_\_\_\_**

**Part 3**

**Name of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

All Parents/Guardians' names if Applicant is under the age of 18:

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

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Email address: \_\_\_\_\_

Place of employment \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Please list your occupation: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

What is your primary disability? \_\_\_\_\_

What is the cause of your disability? \_\_\_\_\_

Are there significant secondary disabilities?  Yes  No

Please describe \_\_\_\_\_

At what age were you disabled? \_\_\_\_\_ Is your disability progressive?  Yes  No

Date of birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Sex  M  F

Are you a veteran?  Yes  No - If yes and you have a diagnosis of PTSD, please request an application specific to this diagnosis.

Please list all other assistance dog organizations you have applied to and your status with them:

\_\_\_\_\_

If you have been denied by any assistance dog organization, please list the date and the reason why: \_\_\_\_\_

**Check all that apply:**

**What are the effects of your disability?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Speech impairment     | <input type="checkbox"/> Reduced stamina    | <input type="checkbox"/> Hearing loss      |
| <input type="checkbox"/> Memory loss           | <input type="checkbox"/> Vision impairment  | <input type="checkbox"/> Spasticity        |
| <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Deafness           | <input type="checkbox"/> Muscular weakness |
| <input type="checkbox"/> Limited mobility      | <input type="checkbox"/> Slowed development |  |

**Do you have any of the following problems?**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergies           | <input type="checkbox"/> Chronic pain     | <input type="checkbox"/> Depression            |
| <input type="checkbox"/> Seizures            | <input type="checkbox"/> Balance          | <input type="checkbox"/> Brittle Bones         |
| <input type="checkbox"/> Heightened emotions | <input type="checkbox"/> Skin sensitivity | <input type="checkbox"/> Heat/Cold sensitivity |

**Do you use an assistive device?**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Prosthesis            | <input type="checkbox"/> Leg brace           | <input type="checkbox"/> Walker      |
| <input type="checkbox"/> Wrist brace           | <input type="checkbox"/> Hearing aid         | <input type="checkbox"/> Crutch/cane |
| <input type="checkbox"/> Wheelchair (electric) | <input type="checkbox"/> Wheelchair (manual) |                                      |

**Do you** require the assistance of an aid or family member for daily living skills? If so, what are that person's responsibilities and number of hours worked per day and how many days per week?

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**Can you:**

- |                                 | Always                              | Often                                | Sometimes                           | Never                    |
|---------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|--------------------------|
| A. Pick up items off the floor? | <input type="checkbox"/>            | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/> |
| B. Push elevator buttons?       | <input type="checkbox"/>            | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/> |
| C. Turn lights on and off?      | <input type="checkbox"/>            | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/> |
| D. Push a manual wheelchair     | <input type="checkbox"/>            | <input type="checkbox"/>             | <input type="checkbox"/>            | <input type="checkbox"/> |
| E. Flex your wrist?             | <input type="checkbox"/> Left wrist | <input type="checkbox"/> Right wrist | <input type="checkbox"/> Neither    |                          |
| F. Make a fist?                 | <input type="checkbox"/> Left hand  | <input type="checkbox"/> Right hand  | <input type="checkbox"/> Not at all |                          |

**Do you:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Drive                           | <input type="checkbox"/> Ride buses       | <input type="checkbox"/> Fly in airplanes |
| <input type="checkbox"/> Travel distances on foot/wheels | <input type="checkbox"/> Driven by others |   |

**Do you** have a valid driver's license? \_\_\_\_ Yes \_\_\_\_ No

**Do you** currently operate a motor vehicle? \_\_\_\_ Yes \_\_\_\_ No

If yes, do you utilize any adaptive equipment while driving? \_\_\_\_\_

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**Are you:**

- Single  Married  In a Relationship

**Do you live:**

- Alone
- Spouse/significant other
- With Parents
- Roommates
- Attendant

Number of children in the home \_\_\_\_\_ Ages \_\_\_\_\_

**Do you** have children who visit you? \_\_\_\_\_ How often? \_\_\_\_\_

**Do you (circle answers that apply to you specifically):**

- A. Use a: *Manual chair Electric chair Scooter Walker/Crutches*
- B. Transfer by: *Standing Pivoting Slide board With help*
- C. Is your speech: *Clear-rapid Clear-slow Slurred Difficult to understand*
- D. Communicate best by: *Voice Letter board Interpreter Other*
- E. Walk: *Short distances Only with support On level ground No*
- F. Lift your arms: *Above your head To your shoulders Only slightly*
- G. Exercise: *Regularly Often Sometimes Infrequently Never*

**Is your...**

- A. Voice  Loud  Average  Soft
- B. Lung Capacity  Normal  Somewhat limited  Very limited
- C. Hearing  Normal  Somewhat limited  Very limited  Deaf
- D. Balance  Excellent  Good  Fair  Poor
- E. Endurance  Excellent  Good  Fair  Poor
- F. Mobility  Excellent  Good  Fair  Poor
- G. Physical strength  Excellent  Good  Fair  Poor
- H. Speed of reaction  Excellent  Good  Fair  Poor
- I. Vision (with correction)  Excellent  Good  Fair  Poor

**Are you:**

- A. Extra sensitive to heat  Always  Often  Sometimes  Never
- B. Extra sensitive to cold  Always  Often  Sometimes  Never
- C. Extra sensitive to pain  Always  Often  Sometimes  Never
- D. Socially active  Always  Often  Sometimes  Never

**Does your current living situation have:**

- Animals in the household:  Dogs  Cats  Other: \_\_\_\_\_
- A fenced yard  Enclosed outside area  Park or yard nearby
  - Neighbors in close proximity  Busy streets nearby
  - Neighborhood dogs running loose

**Do you:**

- Work/volunteer outside the home  Work/volunteer from/at home
- Attend school  Shop – groceries, clothes, etc
- Engage in recreation outside the home  Formally exercise

**Do you belong to any clubs, groups, or organizations listed below?**

- |                                 |                                   |                                       |
|---------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Lions  | <input type="checkbox"/> Veterans | <input type="checkbox"/> GFWC         |
| <input type="checkbox"/> Rotary | <input type="checkbox"/> Kiwanis  | <input type="checkbox"/> Soroptimists |

What tasks/jobs are you interested in having a service dog do for you? Why? \_\_\_\_\_

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Please describe personal/physical care management practices that you have which could affect the service dog placement. \_\_\_\_\_

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Please describe your home life, social activities, hobbies, and lifestyle in general. \_\_\_\_\_

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Please describe how you will handle the following areas of dog care:

- A. Feeding \_\_\_\_\_
- B. Grooming \_\_\_\_\_
- C. Toileting \_\_\_\_\_
- D. Vet care \_\_\_\_\_
- E. Financial costs \_\_\_\_\_
- F. If you are hospitalized \_\_\_\_\_
- G. Flea problems \_\_\_\_\_
- H. Family, friend involvement \_\_\_\_\_
- I. Access issues \_\_\_\_\_
- J. Dog behavior problems \_\_\_\_\_

**Are you the kind of person who:**

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Enjoys people contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a risk taker?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily expresses emotions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to be in charge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily bored with people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is determined to accomplish goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Rate yourself in the following areas:**

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
Assertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to respond rationally to crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism/correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to learn new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to laugh at self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal shyness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list your sources of income: \_\_\_\_\_

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Do you have any experience working with animals? If yes, please explain:

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Have you ever been convicted of a misdemeanor, summary offense, or felony related to the abuse, mistreatment, neglect or harm to animals? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe in detail including the state and date in which the conviction was made:

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Would you be able to come to our organization for the required two week training course? (This occurs when we are ready to place a dog with you) \_\_\_\_\_  
*The cost of travel, lodging and meals is the applicant's responsibility.*

How did you hear about the UDS Service Dogs Program? \_\_\_\_\_

## Part 4

### **PLEASE INCLUDE WITH YOUR APPLICATION THE FOLLOWING:**

#### **THE COMPLETED APPLICATION**

#### **A PHOTO OF THE APPLICANT**

#### **A LETTER OF RECOMMENDATION**

This letter must be written by someone outside of your immediate family.

#### **A MEANING AND FUNCTION OF A SERVICE DOG ESSAY**

Please explain why you feel a service dog would be beneficial. Which of your daily activities could be accomplished more easily and independently with the help of a service dog? How do you feel a service dog could help you other than with physical tasks? What do you feel you will be able to offer the dog in return?

A Service Dog is specifically trained to perform a minimum of 3 tasks to mitigate the aspects of the client's disability. **List what tasks you believe a Service Dog could do for you?** Note: retrieval is one task and can include retrieving multiple items however it is still considered 1 task!

*Please complete essay on separate pieces of paper. Essay must be in the words of the person applying for the dog.*

#### **A DVD OR PICTURES OF THE APPLICANT'S HOME**

Please show us around your home and introduce all family members and pets. You may also want to include your school, workplace, and other places where you spend a lot of time.

#### **\$25 NON-REFUNDABLE APPLICATION PROCESSING FEE**

#### **MEDICAL FORMS**

Have your Doctor complete the medical form that came with your application and return it with all the other required documents at the same time.

#### **HIPPA CONSENT TO RELEASE INFORMATION FORM**

This form was also included with your application packet.

**Note: Please review all your documentation before returning to the UDS Service Dogs Program. It is extremely important that we receive all the information requested at the same time in order to give your application our full attention and consideration.**

Thank you!



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# COMPLAINT POLICY FOR NON-EMPLOYEES

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## Part 5

Any non-employee (volunteer/applicant/student/recipient/donor) who has a grievance concerning UDS Service Dogs Program practices has the right to file a complaint according to procedures outline in this policy. Grievances may include, but are not limited to, a perception of violation of rights; quality of service; discrimination based on category of race, age, disability, etc.; or other matter.

Complainants are treated with dignity and respect at all times, regardless of the nature of their complaint. They will not be discriminated against, harassed, intimidated, or suffer any reprisal as a result of filing a complaint or participating in an investigation of a complaint. If an individual feels that he or she is being subjected to any of the above that person has the right to appeal directly to the Program Manager.

Affected parties should attempt to resolve the problem informally as soon as possible. Volunteers, Donors, Applicants, Students, Recipients should talk with the Program Manager. If a solution cannot be reached, the person may present a formal complaint, in writing to the President and CEO of UDS. Formal complaints and responses to them will be documented and kept on file.

All complaints are handled in a timely manner. As a goal, UDS Service Dogs Program will attempt to resolve a complaint within 25 working days from the time of its initiation. If an extension of the time limit becomes necessary all involved parties will be notified.

**I have read, understand, and agree to the Complaint Policy for Non-employees as presented above.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature if Applicant, Volunteer, Student, Recipient/Donor is under the age of 18 years:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this completed application along with the items listed on page 8 and all requested medical forms to the address listed below. Please allow up to 45 days for processing and scheduling of your initial interview. If you have any further questions please call (717) 397-1841.**

**UDS Service Dogs Program, P.O. Box 10485, Lancaster, PA 17605**

**[www.udservices.org](http://www.udservices.org)**

**Applicant Signature** \_\_\_\_\_

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

Name (please print) \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Parent or Legal Guardian Signature** \_\_\_\_\_

FOR OFFICE USE ONLY

Date received \_\_\_\_\_ By \_\_\_\_\_

Application complete? \_\_\_\_\_

If not, what is missing? \_\_\_\_\_

Date of interview \_\_\_\_\_ Interviewer \_\_\_\_\_

Payment Enclosed? \_\_\_\_\_

Accepted/Rejected \_\_\_\_\_ Reason for rejection \_\_\_\_\_

## APPLICANT MEDICAL HISTORY FORM

This form is to be completed by your physician and sent together with your other application materials to UDS Service Dogs Program.

Dr. \_\_\_\_\_

Please release the requested information regarding my condition to the above identified organization. This information will help determine my abilities in regards to the place of an assistance dog.

Applicant's Name (please print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Type of practice \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Patient Information:

What is this patient's primary disability? \_\_\_\_\_

What was the cause of the disability? \_\_\_\_\_

Are there significant secondary disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

At what age was (she/he) disabled? \_\_\_\_\_ Is this disability progressive? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there an incapacity due to or affected by alcoholism or drug abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are the effects of your patient's disability? (*Check all that apply*)

\_\_\_\_ Deafness

\_\_\_\_ Speech Impairment

\_\_\_\_ Reduced stamina

\_\_\_\_ Hearing loss

\_\_\_\_ Coordination problems

\_\_\_\_ Limited mobility

\_\_\_\_ Memory loss

\_\_\_\_ Vision impairment

\_\_\_\_ Slowed development

\_\_\_\_ Spasms

\_\_\_\_ Muscular weakness

Other: \_\_\_\_\_

Does your patient have any problems with: (*Check all that apply*)

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Allergies  | <input type="checkbox"/> Chronic pain  | <input type="checkbox"/> Heightened emotions   |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Seizures      | <input type="checkbox"/> Skin sensitivity      |
| <input type="checkbox"/> Balance    | <input type="checkbox"/> Brittle bones | <input type="checkbox"/> Heat/cold sensitivity |

Does patient use an aid or assistive device? (*Check all that apply*)

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Prosthesis  | <input type="checkbox"/> Wheelchair (manual) | <input type="checkbox"/> Wheelchair (electric) |
| <input type="checkbox"/> Leg brace   | <input type="checkbox"/> Wrist brace         | <input type="checkbox"/> Hearing aid           |
| <input type="checkbox"/> Crutch/cane | <input type="checkbox"/> Walker              | Other: _____                                   |

**Activities of Daily Living**

Is this patient:

*Please Circle Below*

- |   |     |           |    |
|---|-----|-----------|----|
| A. Able to exercise judgement and make decisions necessary for daily living?            | Yes | Minimally | No |
| B. Able to sustain an attention span?   | Yes | Minimally | No |
| C. Manifesting inappropriate behavior beyond his/her control?                           | Yes | Minimally | No |
| D. Able to control physical and motor movement sufficient to sustain daily living?      | Yes | Minimally | No |
| E. Capable of perception and memory to the degree necessary to sustain daily living?    | Yes | Minimally | No |
| F. Able to follow directions and learn to the degree necessary to sustain daily living? | Yes | Minimally | No |
| G. Under medication which impairs physical or mental functioning?                       | Yes | Minimally | No |
| H. Capable of decisions concerning self and others needs and safety?                    | Yes | Minimally | No |

Can you recommend this individual for an assistance dog?  Yes  No

Do you feel the assistance dog program might benefit from a consultation with you?  Yes  No

Comments: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical License # \_\_\_\_\_

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
To release/exchange information contained in my medical records to the following individuals  
and/or organizations, for the purpose listed below.

Name of persons(s) organization(s) and address to whom disclosure/exchange is to be  
made:

UDS Service Dogs Program Staff  
1901 Olde Homestead Lane  
P.O. Box 10485  
Lancaster, PA 17601

Specific type of information to be disclosed/exchanged:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Diagnosis  | <input type="checkbox"/> Medical information/examination   |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Recommendations   |
| <input type="checkbox"/> Progress   | <input type="checkbox"/> Drug/Alcohol History  |
| <input type="checkbox"/> Financial  | <input checked="" type="checkbox"/> <b>Other: physical needs as pertaining to service dog work</b> |

The purpose/need for such disclosure/exchange:  
To determine the best possible match of consumer and service dog

_____ Consumer or Legal Guardian Signature	_____ Date
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_____ Witness Signature	_____ Date
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I understand that I can revoke this consent at any time by signing my name below:

_____ Consumer (Legal Guardian) Signature	_____ Date
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_____ Witness Signature	_____ Date
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**United Disabilities Services Foundation Entities:**

United Disabilities Services  
 Accessing Independence/Independent Living Services  
 Adult Enrichment  
 Non-Profit Management Solutions

**PRE-SERVICE DOG APPLICATION INQUIRY AUTHORIZATION RELEASE**

As a condition of receiving a Service Dog with **United Disabilities Services Foundation (UDSF)** Service Dogs Program, I am aware that all Applicants applying for a UDS Service Dog must submit to background clearances, i.e. a criminal records check/history. The clearance is for the protection of the program staff, trainers, consumers and volunteers that are part of the UDS Service Dogs Program.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. The following is my complete and legal name, and all information is true and correct to the best of my knowledge. I understand that the penalty for falsifying any of the information listed below is grounds for immediate rejection of my application for a UDS Service Dog.

<b>Last Name:</b>	<b>First:</b>	<b>Middle:</b>	
<b>Applicant's Signature:</b>			<b>Date of Birth:</b>
<b>Continuous PA Resident since:</b>	/ /		
<b>Social Security Number</b>	<u><b>Response to the questions in this section are for ID only.</b></u>		
	<b>Race:</b>	<b>Sex: M F</b>	
<b>Driver's License No:</b>		<b>STATE:</b>	
<b>Former Names and time frames (if applicable)</b>			
<b>First</b>	<b>Middle</b>	<b>Last</b>	<b>Dates(Month and Year)</b>