



FACILITY DOG APPLICATION

Facility/Practice Name _____	Date _____
Address _____	

Phone _____	
Email address _____	

Part 1

Thank you for requesting a Facility Dog application from UDS Service Dogs Program. The addition of a therapy dog into a person's life is a big commitment. The benefits, both physical and emotional, are significant. By completing this application, it 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 your facility.

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 facility dog:

You will participate in an initial interview. Most initial interviews are held in person at UDS Service Dogs Program training facility. 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.

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

Is everyone involved in your school, organization, office or practice in favor of having a facility dog? _____

Please list your occupation: _____

Emergency Contact _____ Relationship _____

Address _____ Phone _____

How many handlers do you plan on having trained to be able to work with the dog? (What are their current responsibilities?) _____

Are there currently Therapy Animals involved in or visiting the school, organization, office or facility? _____

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: _____

Do you have a website? _____

Approximate # of Staff _____ Approximate # of Students _____

What tasks/jobs are you interested in having a facility dog do? (please be as detailed as possible)

Who will the Facility Dog live with? _____

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

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

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:

Would you be able to come to our organization for a 4 day team training? _____
The cost of travel, lodging and meals is the applicant's responsibility.

How did you hear about the UDS Service Dogs Program? _____

COMPLAINT POLICY FOR NON-EMPLOYEES

Part 4

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 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, 2270 Erin Court, Lancaster, PA 17601

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 _____