SOPHIE'S
COMPANIONS
FOR VETERANS
www.sophiesanimalfund.com

2212 E Alex Bell Rd
Dayton, OH 45459
sophiesanimalfund.com
937-414-5808
EIN: 46-6616193

BBB Eclipse Integrity Awards

Dear Veteran,

Please read this information carefully. Compliance with the application process is essential.

Thank you for your interest in Sophie's Companions for Veterans! SCFV is serving Veterans from all conflicts with documented service-connected disabilities, who have been honorably or medically discharged for service-related PTSD, TBI/MSA only.

Sophie's Companions for Veterans does not provide service dogs to individuals who are legally blind, experience total hearing loss or serve other psychiatric areas, such as bi-polar disorder, multiple personalities, or schizophrenia. We use rescues only.

Before you apply, please understand a service dog is at least a 10-year commitment. It is important you consider this obligation carefully when deciding to apply for a service dog. It is also imperative that members of the household are accepting of a service dog being in the home. A spouse, significant other, partner and/or caregiver must be supportive of having a service dog in their home. All veterans are expected to train with their rescue, to nurture a better relationship between dog and veteran.

Full disclosure and all information are required for your application to be considered for review. Sophie's Companions for Veterans uses your application to determine your eligibility for a service dog from our organization, our ability to best serve you with a service dog, the appropriate service dog match for you and the skills the service dog will need to best serve you.

We take great pride in providing our Veterans the best possible service, and your honesty and accuracy getting a "new leash on life!" Although other information may be required, our basic criteria includes:

1. Military service with honorable discharge or current honorable service.
2. Verifiable diagnosis of PTSD, TBI and/or MST which must be service-related.
3. Stable living environment, including the financial ability to provide care for a service dog.
4. No alcohol or substance abuse and no illegal dependency.
5. No felony conviction, pending criminal charges, or current parole/probation.
6. Residence in the territorial United States.

Required Application Items

- **Completed Service Dog Application** for Sophie's Companions for Veterans.
- A copy of the applicant's **DD214**. (Please note that Sophie's Companions for Veterans verifies all military service).
- A copy of the applicant's **Veterans Affairs Rating Decision Letter.** This form shows the percentage breakdown of each disability.
- **Completed Medical History Form** by 2 attending physicians/mental health professionals. (See pages 10-11 of this application.)
- **Veterinary Reference Form** if you currently have animals in the home. (See page 12 of this application.)
- **Three personal references with full names, addresses and email.** These personal references should not be immediate family members or doctors/medical staff, but rather a friend, teacher, neighbor, co-worker, etc. Reference forms will be sent from Sophie's Companions for Veterans to the personal reference directly.
- **Spouse/Significant Other/Partner Form.** (See pages 13-14 of this application.)

Once your complete application is received, one of our committee members will screen your application and contact you to schedule a phone and in-home interview. After completion of the interview, the application will be presented to board members along with your doctors' approvals.

The review process can take up to 10 weeks. We will notify you once a decision has been reached. If you meet our applicant requirements and are approved, you will be contacted.

Sophie's Companions for Veterans does not charge a fee for the service dog or their training.

We look forward to receiving your application and thank you for your service!

Sincerely,
Janet Carpenter (Executive Director/Founder)
& the Board of Directors
Sophie's Companions for Veterans

Applicant's Name: _____

SERVICE DOG APPLICATION – SOPHIE'S COMPANIONS FOR VETERANS

APPLICANT INFORMATION

Name (LAST, FIRST, MIDDLE Initial):		Preferred name:
Home Phone:	Cell Phone:	
Email:		Preferred means of contact: ☐ Home Phone ☐ Cell Phone ☐ Email
Current address:		
City:	State:	ZIP Code:

MILITARY SERVICE

Branch:		
Rank:	Type of Discharge:	
Dates of Service:	Start (MM/DD/YYYY):	End (MM/DD/YYYY):
Are you eligible for re-deployment?		☐ YES ☐ NO

SIGNIFICANT OTHER OR NEAREST RELATIVE

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

APPLICANT SIGNATURE, BACKGROUND VERIFICATION AUTHORIZATION

Name (LAST, FIRST, MIDDLE Initial):	Maiden name:
Date of birth (MM/DD/YYY):	SSN (REQUIRED):

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situation. I understand that failure to give complete information, falsification or misrepresentation of information may prevent me from receiving a service dog. I authorize investigation of all statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and others to furnish whatever detail is available concerning my application for a service dog. My signature below further authorizes Sophie's Companions for Veterans to obtain criminal background information. Further, I authorize Sophie's Companions for Veterans to discuss the status of my application with the 'Significant Other or Nearest Relative' I provided on page 1. All information shall be used solely for the purpose of this transaction. I understand that any information obtained by Sophie's Companions for Veterans is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications for a service dog.

SIGNATURES

Signature of Applicant:	Date:

Applicant's Name: _____

MEDICAL INFORMATION If you are applying for a PTSD service dog and have physical limitations (back or neck issues, walking, knee issues, hips, etc) we must know what your physical needs are as well to match the best possible decision for your needs.	
Primary Diagnosis:	Date of Onset or Diagnosis:
Secondary Diagnosis:	Date of Onset or Diagnosis:
Other Diagnosis:	
Is the diagnosis determined to be service related?	☐ YES ☐ NO
Please explain any physical limitations you experience, even if the physical limitations occur intermittently:	
Medications (**required**): Provide in a separate list if necessary.	

Height:		Weight:
Are you Right or Left Handed?	☐ RIGHT ☐ LEFT	Which side would you prefer a service dog be taught to work from? ☐ RIGHT ☐ LEFT Why?
Verbal Skills: On a scale of 1 (non-verbal) to 10 (fluent with clear annunciation) rate your quality of verbal communications ☐ Non-verbal ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10		
Do you have difficulty getting in or out of bed?	☐ YES ☐ NO	
How many hours of sleep do you get a night on average? If you awake in the middle of the night, do you go back to sleep or not?		
Do you have difficulty waking in the morning?	☐ YES ☐ NO	
Do you have difficulty getting dressed or undressed?	☐ YES ☐ NO	

Applicant's Name: _____

MEDICAL HISTORY	
Previous Medical History:	☐ Stroke ☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Cancer ☐ Mental Illness
Please give additional information for items checked above:	

ADAPTIVE EQUIPMENT USED		
Complete this section if you use any adaptive equipment (check all that apply) and indicate which equipment is your primary.		
☐ Manual Wheelchair	☐ Primary	☐ Secondary
☐ Power Wheelchair: Joy stick on ☐ Right ☐ Left	☐ Primary	☐ Secondary
☐ Power 3-Wheel Cart (Scooter)	☐ Primary	☐ Secondary
☐ Crutches: Specify Type:	☐ Primary	☐ Secondary
☐ Braces: Specify Type:	☐ Primary	☐ Secondary
☐ Prosthesis: Specify Type:	☐ Primary	☐ Secondary
☐ Cane Specify: Type and height at hand rest	☐ Primary	☐ Secondary
☐ Walker: Specify Type	☐ Primary	☐ Secondary
☐ Other: Specify	☐ Primary	☐ Secondary

SYMPTOMOLOGY EXPERIENCED – COMPLETE THIS SECTION FOR PSYCHIATRIC ISSUES (PTSD)

For each item on a scale of one (does not limit function) to 10 (fully limits daily function) answer each of the following:

	NA	1	2	3	4	5	6	7	8	9	10
Distractibility	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Intrusive imagery	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dissociation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Flashbacks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hallucinations	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feelings of Isolation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Hyper vigilance	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fear	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Startle Response	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Avoidance Behaviors	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nightmares	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Feelings of being threatened	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Aggression	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Applicant's Name: _____

PTSD TRIGGERS
Describe your PTSD triggers:

SOCIAL AND ATHLETIC ACTIVITIES		
HOW DOES YOUR DISABILITY AFFECT YOUR DAILY LIVING – WHAT ARE YOUR FUNCTIONAL LIMITATIONS? (Describe problems carrying items, problems walking distances, problems leaving home on your own, ability to be in crowds, ability to be in large groups, etc.)		
How many hours a week do you spend outside the home doing some form of social activity?		
Do you participate in athletic activities?	☐ Yes	☐ No
If so, what athletic activities are you involved in?		
How many times a week and how long (number of hours) do you participate?		
Would there be any issues with the service dog accompanying you?	☐ Yes	☐ No

VOCATIONAL		
Are you presently employed?	☐ Yes	☐ No
Full time or part time?	☐ Full time	☐ Part Time: Number of hours per week:
Employer		
Describe your work environment (large/small office, high rise, downtown, suburban, rural location, indoors, outdoors, etc?)		
If you are not employed, do you plan on becoming employed?	☐ Yes	☐ No
Do you receive support services such as Vocational Rehabilitation or Independent Living?	☐ Yes	☐ No
Do you presently receive an income as a result of your disability?	☐ Yes	☐ No
If yes, where from? (VA, SSI, former employer, insurance settlement)?		
How will a service dog enable you to perform your job more efficiently?		

EDUCATION			
Are you currently enrolled in school	☐ Yes	☐ No	If yes, what grade:
Name of School / College / University			

Applicant's Name: _____

Anticipated Date of Graduation		Degree:	
How do you get to/from school?			
Do you currently receive support services during school? (Classroom Aide, peer tutor, adapted materials)			
How will a service dog enable you to access your school environment more independently? (Open doors, retrieve items, physical support)			
COMMUNITY ACCESS			
Do you have daily access to transportation?	☐ Yes	☐ No	If no, how do you get around?
Do you drive yourself?	☐ Yes	☐ No	If no, who is your primary driver?
Do you have an adaptive vehicle?	☐ Yes	☐ No	If so, explain (hand controls, lifts)
List any problems you have concerning transportation or community access:			
HOUSEHOLD			
How many people live in your household (related or not)?			
Name	Age	Relationship to you	
CHILDREN			
If you have children that do not live with you, please complete the information below:			
Name	Age	Relationship to you	How often do the children visit or stay with you?
OTHER HOUSEHOLD INFORMATION			
Is anyone in the household allergic to dogs?	☐ Yes	☐ No	If yes, explain:
How does your spouse/significant other or roommate feel about the idea of a service dog living in the home?			
Are you and others aware the service dog may shed, is required to accompany you everywhere, may require additional grooming and may occasionally need to be picked up after, etc)			

Applicant's Name: _____

If you as the recipient become ill or unable to perform such tasks **temporarily**, is your spouse, significant other, family member or caregiver willing to assist in the basic needs/care of the dog?			
HOUSEHOLD PETS			
Do you have any pets or do other household members have pets?	☐ Yes	☐ No	How many?
Pets Name – **List ALL Pets**	Breed and size		Age
Does your dog(s) eliminate (go to the bathroom) inside or outside of the house? If inside, explain.			
Do your pets live/sleep inside or outside?			
Are your pets on heartworm and flea/tick preventative?	☐ Yes ☐ No If no, please explain:		
What type of training has your dog(s) received?	☐ Agility ☐ Basic Obedience ☐ Barn Hunt	☐ Hunt ☐ Rally ☐ Schutzhund	
Veterinarian Name:	Telephone:		
Please submit the Veterinary Reference Form to your Veterinarian for completion. **If you do not currently have a Veterinarian, please indicate "No Veterinarian at this time"**			
PETS THAT VISIT			
Please tell us about pets that may visit and stay at your home:			
HOME			
Do you own or rent your home?	☐ Own ☐ Rent		
Describe your home and neighborhood (house, apartment, mobile home, size of yard, fenced or un-fenced, city, suburb, country, etc.)			
Type of fencing:			
Do you have a phone land line at your home?	☐ Yes ☐ No		
What type of support is available to assist you with care of your service dog (feeding, bathing, toileting, trips to the vet, etc.) in the event you are unable to perform these tasks both at home and at work or school?			

Applicant's Name: _____

OTHER INFORMATION		
In your own words, describe how a service dog will assist you to be more independent and more productive both at home and in your community – please be as specific as possible. Attach an additional sheet if necessary. **[ANSWER REQUIRED]**		
In your own words, how would having a service dog help you with your mental health and psychological needs? Attach an additional sheet if necessary. **[ANSWER REQUIRED]**		
Will you be physically able to spend 2-3 hours per day in order to learn how to command a service dog to assist you?	☐ Yes ☐ No	If no, explain:
During training you are required to participate in training, outings to restaurants, stores, and other public areas. Are you able to participate in these activities?	☐ Yes ☐ No	If no, explain:
Please comment on any obstacles or issues to be addressed in order for you to attend training:		
Do you have any experience training Service dogs or Recreational (sporting) dogs (hunting, dock diving, etc.)	☐ Yes ☐ No	If yes, explain:
Have you ever applied for a service dog from another organization?	☐ Yes ☐ No	If yes, give name of the organization and date of application:
Have you ever been denied a service dog by an organization?	☐ Yes ☐ No	If yes, give name of the organization and date of application:
Have you ever had a service dog removed from your home?	☐ Yes ☐ No	If yes, explain:
Have you received services from organizations that provide service to wounded or injured Veterans?	☐ Yes ☐ No	If yes, explain:

If Sophie's Companions for Veterans finds that you are a candidate for a service dog and you are approved THERE will be at least three specific times where full pictures (face included) will be **required.** Please initial by each item below to confirm you have read and understand this requirement.

1) Initial meeting of the service dog and recipient. _____
2) For ID purposes with you and service dog. _____
3) Graduation ceremony. _____
4) All Social Media _____

ADDITIONAL COMMENTS

All rescue dogs through Sophie's Companions for Veterans will be the "property" of Sophie's Companions for Veterans for 2 years. This allows us to make sure the match is perfect, no problems, and the rescue is taken care of.

Date: _____ Signature: _____

Applicant's Name: _____

CONSENT TO CONTACT

I, _____ , give consent for the personal contacts listed below
(Print full name)
to release to Sophie's Companions for Veterans information relating to the length of time they have known me and information pertinent to applying for a service dog. I understand that the information requested is confidential, will not be released to any person or agency outside Sophie's Companions for Veterans, and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home for a service dog.

Applicant Signature: _____ Date: _____

PERSONAL REFERENCES
no family members (immediate or distant) or medical personnel

Name:	Relationship:
Address/City/State/Zip:	
Telephone:	
Email:	
Name:	Relationship:
Address/City/State/Zip:	
Telephone:	
Email:	
Name:	Relationship:
Address/City/State/Zip:	
Telephone:	
Email:	

Medical History Form
Please share with us the names of the medical providers we should expect to receive the Service Dog Applicant Medial History Form from.

Applicant's Name: _____

Service Dog Applicant Medical History Form

Instructions for Applicant

This form should be completed and signed by your physicians. **Please note, a medical history form needs to be completed by two of your current physicians and/or mental health providers (therapist, psychologist).** The completed forms should be mailed directly from the physicians to Sophie's Companions for Veterans, 2212 E Alex Bell Rd, Dayton, OH 45459; or emailed to sophiesanimalfund@gmail.com

Information Release

(To be completed by the applicant)

Date: _____

Dr. _____,

Please release the requested medical information in this form to Sophie's Companions for Veterans. This information will help determine my abilities in regards to the placement of a service dog.

Applicant's Name (please print): _____

Applicant's Signature: _____

Parent/Guardian Signature (if applicable): _____

Physician Information

(The remainder of the form to be completed by the physician)

The completed medical history form should be mailed by the physician to the below address at your earliest convenience.
Sophie's Companions for Veterans, 2212 E Alex Bell Rd, Dayton, OH 45459; or email to sophiesanimalfund@gmail.com

Physician Name: _____

Physician Practice Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Patient Information

What is the patient's primary disability? _____

What is the prognosis of the disability? _____

Are there any secondary disabilities? Yes ☐ No ☐

If yes, please describe: _____

Is the disability progressive? Yes ☐ No ☐

How long has the applicant been in treatment with you? _____

Applicant's Name: _____

Service Dog Applicant Medical History Form

Instructions for Applicant

This form should be completed and signed by your physicians. **Please note, a medical history form needs to be completed by two of your current physicians and/or mental health providers (therapist, psychologist).** The completed forms should be mailed directly from the physicians to Sophie's Companions for Veterans, 2212 E Alex Bell Rd, Dayton, OH 45459; or emailed to sophiesanimalfund@gmail.com

Information Release

(To be completed by the applicant)

Date: _____

Dr. _____,

Please release the requested medical information in this form to Sophie's Companions for Veterans. This information will help determine my abilities in regards to the placement of a service dog.

Applicant's Name (please print): _____

Applicant's Signature: _____

Parent/Guardian Signature (if applicable): _____

Physician Information

(The remainder of the form to be completed by the physician)

The completed medical history form should be mailed by the physician to the below address at your earliest convenience.
Sophie's Companions for Veterans, 2212 E Alex Bell Rd, Dayton, OH 45459; or email to sophiesanimalfund@gmail.com

Physician Name: _____

Physician Practice Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____

Patient Information

What is the patient's primary disability? _____

What is the prognosis of the disability? _____

Are there any secondary disabilities? Yes ☐ No ☐

If yes, please describe: _____

Is the disability progressive? Yes ☐ No ☐

How long has the applicant been in treatment with you? _____

Applicant's Name: _____

Service Dog Applicant Medical History Form

When was the last time you saw the applicant? _____

What are the effects of this patient's disability? (check all that apply)

Deafness	☐	*Speech Impairment*	☐	*Reduced Stamina*	☐
Hearing Loss	☐	*Coordination Problems*	☐	*Limited Mobility*	☐
Memory Loss	☐	*Spasticity*	☐	*Delayed Development*	☐
Vision Impairment	☐	*Muscular Weakness*	☐	*Balance Issues*	☐

Other: _____

Does this patient use any of the following aids or assistive devices? (check all that apply)

Prosthesis	☐	*Wheelchair- Manual*	☐	*Wrist Brace*	☐
Crutch	☐	*Wheelchair- Power*	☐	*Leg Brace*	☐
Cane	☐	*Walker*	☐		

Other: _____

Does this patient have any of the following psychological conditions or disorders? (check all that apply)

Agoraphobia	☐	*Anxiety*	☐	*Bipolar*	☐
Depression	☐	*Obsessive Compulsive Disorder*	☐	*Panic Disorder*	☐
Schizophrenia	☐	*Post Traumatic Stress Disorder*	☐	*Social Phobia*	☐

Other: _____

Does this patient have any of the following psychological conditions or disorders? (check all that apply)

Anger	☐	*Apathy*	☐	*Crying*	☐
Disorientation	☐	*Fearfulness*	☐	*Forgetfulness*	☐
Moodiness	☐	*Insomnia/Difficulty Sleeping*	☐	*Nervousness*	☐
Nightmares	☐	*Panic*	☐	*Restlessness*	☐
Sadness	☐	*Social Withdrawal*	☐		

Other: _____

Is this patient a Veteran? Yes ☐ No ☐ If yes, is this patient's disability service connected? Yes ☐ No ☐

Has the patient expressed interest in a service dog to you? Yes ☐ No ☐

Can you recommend this individual for a service dog? Yes ☐ No ☐

Why do you feel the individual would or would not benefit from having a service dog?

_____

_____

_____

_____

_____

Applicant's Name: _____

SERVICE DOG APPLICATION – SOPHIE'S COMPANIONS FOR VETERANS

VETERINARY REFERENCE FORM

This form is ONLY necessary if there are currently household pets.

The following individual is an applicant for a service dog trained by Sophie's Companions for Veterans, a non-profit program dedicated to enhancing the lives of people with disabilities through the use of specially trained service dogs. The information requested below will assist us in assessing the suitability of this applicant's home for placement of a service dog. Should you have any questions regarding this matter, please feel free to contact us at (937) 414-6808. Thank you for your assistance in completing this form.

Applicant:		
Veterinarian's Name:	Telephone:	
Veterinarian Practice or Clinic Name:		
Address/City/State/Zip:		
What species/breed and number of pets owned by this individual are **currently under** your care?	Dogs	Cats
	Birds	Other
How long have you been treating this individual's pets?		
What type of treatment have you provided to this individual's pets?		
Is the pet/pets deceased?	☐ Yes ☐ No	
Explain:		
Are this individual's pets' vaccination records presently up-to-date?	☐ Yes ☐ No	
Do this individual's pets receive monthly heartworm preventative?	☐ Yes ☐ No	
Do this individual's pets receive regular flea/tick protection?	☐ Yes ☐ No	
Does this individual demonstrate evidence of responsible pet ownership?	☐ Yes ☐ No	
To your knowledge, has this individual ever been accused or convicted of animal abuse/neglect, or harboring/unleashing a vicious animal?	☐ Yes ☐ No	
Do you recommend placement of a service dog in this individual's home?	☐ Yes ☐ No	
Would you consider offering tax-deductible discounted or donated veterinary services for a service dog placed by Sophie's Companions for Veterans?	☐ Yes ☐ No	
Additional Comments:		

SIGNATURES

Signature of Veterinarian:	Date:

Please return the completed form directly to: Sophie's Companions for Veterans
2212 E Alex Bell Rd, Dayton, OH 45459

Applicant's Name: _____

SERVICE DOG APPLICATION – SOPHIE'S COMPANIONS FOR VETERANS

SPOUSE, SIGNIFICANT OTHER, OR PARTNER TO FILL OUT

The following is required to be completed by the spouse, significant other, partner and/or caregiver. This is necessary to ensure all parties understand the commitment of the service dog for the veteran and understand that the medical option of a service dog is desired by the veteran. The information will assist our organization in assessing the suitability of the applicant's home for placement of a service dog.

Should you have any questions regarding this matter, please feel free to contact us at (937) 414-5808. Thank you for your assistance in completing this form.

YOUR NAME:

Relationship to Applicant: ☐ Fiancé ☐ Parent ☐ Partner ☐ Sibling ☐ Significant Other ☐ Spouse

Contact Telephone Number:

Has the veteran's desire to have a service dog been discussed with you by the veteran applying? ☐ Yes ☐ No

Explain how you feel having a service dog will benefit the veteran applying:

Describe how you think you/your family will benefit from the veteran having a service dog:

In the event the veteran applying for the service dog cannot provide for his/her service dog (e.g. periods of hospitalization), are you able and willing to care for the service dog's needs? Explain:

The service dog will be with the veteran 24 hours a day, 7 days a week and will accompany the veteran wherever he/she goes. Please explain your support of the service dog and any concern you might have about a service dog being with you and the veteran when in public:

Applicant's Name: _____

SERVICE DOG APPLICATION – SOPHIE'S COMPANIONS FOR VETERANS

SPOUSE, SIGNIFICANT OTHER, OR PARTNER (continued)

The service dog is required to live in the house with the veteran. What concerns, reservations or obstacles do you have about the service dog being in the home?
Sophie's Companions for Veterans periodically requires the spouse, significant other, partner and/or caregiver to attend the training when the veteran trains with and receives his/her service dog. What concerns, reservations or obstacles do you have about attending training?

Name:	Date:
Signature:	

☐ **Home Interview**

☐ **Home Check**