

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC.

A 501(c)(3) Nonprofit Organization

TRAINING DOGS – SAVING WARRIORS PROGRAM

SOLDIER/VETERAN APPLICATION PACKAGE



Contact Information

Rick Bulcak and Robbie H. Whittaker, M.A., CCC-SLP

And the Staff of

Brothers and Sisters In Arms Dog Training, Inc.

&

Speech-Language Consulting Services, Inc.

300 Nolan Trace

Leesville, La. 71446

(337)-238-5574

email: speechlanguageco@bellsouth.net

email: jamie@brotherandsisterptsddogs.org

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC.

The mission of the *Training Dogs - Saving Warriors* program is to unite individuals impacted by Post-traumatic Stress Syndrome (PTSD), sexual trauma, developmental disabilities, or other mental health problems with dogs rescued from shelters. These dogs are evaluated by a certified dog trainer and deemed viable to nurture a healing and rejuvenating bond. The result is a positive, non judgmental, unconditional relationship desperately needed by both.

Family pets may be used if they meet age, size and temperament requirements. We will not remove the family pet if it does not work out, rather, we will work in another dog with the family pet.

TO APPLY:

- (1) Recognize that you have PTSD or other issues and want something to help you improve your Quality of Life from what it is at the present.
- (2) Make certain immediate family members and/or support system at home, if any, will assist and support you in the program.
- (3) Talk to your doctors, case manager, advocate, etc. to inform them of your desire to get a Service dog.
- (4) Call *Brothers & Sisters in Arms Dog Training, INC* at (337) 581-9098 or (337) 238-5574 to discuss any questions you may have pertaining to the application.
- (5) The application may be sent via email, fax (337) 238-5587, or postal mail. Please notify us if we do not contact you in a timely manner to let you know that we received it.
- (6) Complete the personal information pages (your part of the application) and return immediately to *Brothers & Sisters in Arms Dog Training, INC.* to start the process.
- (7) Take the appropriate pages to your doctor, therapist, or other medical professional to fill out and return them to *Brothers & Sisters in Arms Dog Training, INC.* in a timely manner.
- (8) All personal reference pages should be filled out and returned in a timely manner.
- (9) Make certain that you are committed to the training schedule and are able to follow the lessons. If you are unable to attend a session, you agree to notify *Brothers & Sisters in Arms Dog Training, INC.* immediately so that arrangements can be made.

(10) If you have a personal dog to train, it must be evaluated by a *Brothers & Sisters in Arms Dog Training, INC.* trainer for suitability/viability for the program. Make sure your dog's health records, vaccinations, and heart worm status are current and are made available to *Brothers & Sisters in Arms Dog Training, INC.* prior to the start of training.

(11) If needing a rescued shelter dog, you will have to fill out a request and assure that the safety and well-being of the dog will be maintained. You are also required to sign adoption papers and agree to all terms of the adoption agreement.

(12) You must realize that this is a very big and important change to your current lifestyle and remain committed to the program. All members of your household MUST be in agreement.

(13) All service members MUST provide the following: Active Duty: Your ERB or Deployment orders. Retired Veterans/Discharged: DD-214. All Information such as (SSN, release pay Please black out that information) We require proof that you are still in the military or retired/discharged.

(14) Brothers & Sisters in Arms reserve ALL rights to remove any dog that we have placed in your home for service dog training, if we at any point feel the dog is NOT being taken care of, abused, neglected, or Veterinary Care is not kept up with. Initials: _____

(15) All handlers are required to re-test their dog every year for 5 years and documentation of yearly veterinary care can be provided at this time.

(16) Please ask questions at anytime, when/if something is not clear. Do not hesitate to contact *Brothers & Sisters in Arms Dog Training, INC.* at anytime with questions or concerns. Use the following contacts below.

Contact Information

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And the Staff of
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BROTHERS AND SISTERS IN ARMS, INC.
Wounded Warrior Application

This is an application only. We have the right to decline applicants, if we feel the applicant's lifestyle is not suitable for a Service Dog. If you are declined, we will guide you toward other organizations that may be able to meet your needs.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Date of Birth: _____

Occupation: _____

Are you: Married Single Divorced Separated Widowed

Wars/Conflicts in which you fought: _____

Branch of Armed Services: Army Marines Air Force Navy Coast Guard

Current status of service: Active Duty Reserve Retired Veteran

Type of Discharge (if applicable): _____ Rank: _____

In what format would you like to receive correspondence: Print Email

1. What years were you deployed? _____
2. Did you have an injury that required hospitalization? _____
3. Have you been diagnosed with Traumatic Brain Injury and/or PTSD?
4. Do you consume alcohol? _____ If yes, how often?: _____
5. Do you live alone? _____ If yes, is there a relative or friend nearby? _____
6. Are there children in your home? _____ What ages? _____
7. Are there other animals in the home? _____ If yes, what kind? _____
 If dogs, are they spayed/neutered? _____
8. Do you feel you have changed since returning from deployment?
9. What is a typical day like for you?
10. How would you incorporate the dog into your day?
11. How would you exercise your dog?
12. Have you had dogs previously? _____ If so what and when?

13. What, ideally, would you like for your dog to be able to do for you?

14. Do you have physical limitations?

15. What is your opinions of dogs?

16. In your own words, write how you think having PTSD/TBI Service Dog would allow you to be more independent? Less fearful? Less anxious? Etc.

17. Do you feel capable of responding to the challenges of having a PTSD/TBI Service Dog in public places where there might be questions as to its certification and ability to be allowed?

We will be speaking with your spouse, partner, or adult you live with as to whether the dog would be accepted and incorporated into the household. Please provide the name and phone number of the person to contact.

Name: _____

Phone Number: _____

Relationship to applicant: _____

Once BROTHERS & SISTERS IN ARMS DOG TRAINING, INC receives this part of the applications, you will be notified. If approved, we will set up an appointment to visit your home to do a home check for the safety of the Service Dog. At this home check, we would like the whole family to be there so that we can discuss what to expect from this program, and what you will be going through, Brothers & Sisters in Arms reserves the right to refuse anyone for any

reason that will affect the safety and care of the Service Dog. Please Return This Form Via Mail At The Address Listed Above

or Email to

Brothers & Sisters in Arms Dog Training, INC.

email: speechlanguageco@bellsouth.net

**CONFIDENTIALITY AGREEMENT,
RELEASE OF INFORMATION, &
MEDIA RELEASE FORM**

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC follows all HIPPA regulations as required by the State of Louisiana and the Federal Government. All information received from the applicant and/or health care providers will remain strictly confidential.

This form authorizes any person, health care provider, physician, or organization mentioned in this application to release any necessary information to *Brothers & Sisters in Arms Dog Training, INC* concerning me. This information will be used to evaluate my application for a PTSD Service Dog and its specific training.

I agree that all photographs or video footage taken of me any time during training are the property of *Brothers & Sisters in Arms Dog Training, INC* and may be used for training, record keeping, fund-raising, and educational purposes.

I have read, understand and will comply with ALL the above.

Name: (please print) _____

Signature: _____

Date: _____

Brothers & Sisters in Arms Dog Training, INC representative:

Name: _____

Title: _____

Date: _____

Witness Signature: _____

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC.
HEALTH CARE PROVIDER FORM (page 1)
TRAINING DOGS – SAVING WARRIORS PROGRAM

APPLICANT: _____

DATE: _____

NAME OF HEALTH CARE PROVIDER: _____

ADDRESS: _____

PHONE NUMBER: _____

TRAINING DOGS – SAVING WARRIORS Program trains specially selected rescue shelter dogs, or dogs owned by the warrior that have been evaluated and deemed appropriate for the program. These dogs are trained as PTSD, MST, and/or TBI Service Dogs for Wounded Warriors, Active Duty Soldiers, or Veterans of the Armed Forces.

Please complete a LETTER of RECOMMENDATION for the above named Warrior to receive an ASSISTANCE (SERVICE) DOG for the medical diagnosis of PTSD, MST, or TBI on your personal letterhead. This letter may be written by a Psychologist, Social Worker, Therapist, Physician, Physician's Assistant, Nurse Practitioner, Nurse, or any Medical Professional.

In your letter, please address the following questions:

1. The applicant listed above has applied to receive one of these special dogs. Please discuss the applicant's disability or disabilities. How would this PTSD/TBI Service Dog benefit the applicant?
2. To the best of your knowledge is the applicant able to care and provide for a PTSD/TBI Service Dog?
3. Has the applicant had a suicide screening? _____ If yes, when? _____

4. Are medications taken by the applicant that would impair or inhibit his/her judgment and abilities to care for this dog?

5. Do you know of any reason why this person would not be able to care for this dog in an appropriate way?

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC.
HEALTH CARE PROVIDER FORM (page 2)
TRAINING DOGS – SAVING WARRIORS PROGRAM

Your signature will be used as a written prescription for the Service Dog for this person and kept for *Brothers & Sisters in Arms Dog Training, Inc's* records. Please **DO NOT include the diagnosis on the prescription.**

Your help in this process is greatly appreciated.

Signature: _____

Date: _____

Please return letter to:

BROTHERS & SISTERS IN ARMS DOG TRAINING, INC.

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email: speechlanguageco@bellsouth.net

email: jamie@brotherandsisterptsddogs.org

**BROTHERS & SISTERS IN ARMS DOG TRAINING, INC.
PERSONAL REFERENCE LETTER**

This form must be completed by TWO people from any of the following categories: Physical Therapist, Case Manager, Counselor, Clergy, Co-worker, Social Workers, Psychologists, family member, or friend.

_____ has applied to Brothers And Sisters in Arms Dog Training for a Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST) or Traumatic Brain Injury (TBI) Service Dog to help him/her cope with the difficulties associated.

It would be appreciated if you would please provide any information regarding the personality, temperament, and character of the applicant. Please include this information in the following Personal Reference Letter Form.

Applicant Name: _____

Your Name: _____

Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

1. What is your relationship to the applicant? _____

2. How long have you known the applicant? _____

3. What support systems does the applicant have?

4. To the best of your knowledge how would the applicant benefit from a Service Dog?

5. To the best of your knowledge is the applicant able to care and provide for a Service Dog?

6. How would the applicant handle a support dog in times of great stress?

7. How would you think the applicant would handle the increased attention brought to him/her by the presence of a Service Dog in public places?

8. How would you think the applicant would handle his/her right to be accompanied by a Service Dog being challenged?

The information contained herein is true and correct to the best of my knowledge.

Name: (Please Print) _____

Signature: _____

Date: _____

Please return letter to:

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