



## Application Checklist

To be eligible to enter the Forgotten Coast K9 program, you must either be a veteran and/or first responder:

- Whose injuries took place during active military service (stateside or overseas), or as a first responder.
- Willing to submit a criminal background check.
- Committed to taking the steps necessary to take charge of your life and your future.
- Able to care for and manage a dog.
- Have \$5,000 and travel expenses to North Florida for 2 weeks to invest as your part of the \$21,000 program.

- Application Information Pages 3-6
- Photography Authorization and Release Page 7
- DD-214 along with VA disability letter and/or First Responder Credentials
- Family Questionnaire Pages 8-9  
*Have a family member complete, sign and mail directly to Forgotten Coast K9.*
  - Family Questionnaire MUST be completed by a family member or friend with contact information, or application will not be accepted.
- PTSD Evaluation Worksheet Page 10  
There will be three of the PCL-M evaluations to fill out; when you send in the application, after you complete one of the three programs available, and one year after your initial completion.
- Have \$5,000 and travel expenses to North Florida for 2 weeks to invest as your part of the \$21,000 program.
- Provide us with a video walkthrough of your home to verify conditions are acceptable for a Service Dog  
Please send this video to: [forgottencoastk9@gmail.com](mailto:forgottencoastk9@gmail.com) Subject: Name (Home Video).

# Application Process

1. Please type or print clearly with **blue or black ink only**.
2. Complete Veteran Applicant Information (pages 3-9) of the application. Review and sign the Photography Authorization and Release (page 10). Mail both forms to:  
Forgotten Coast K9  
ATTN: Applications  
137 SW Shelby Ave  
Madison, FL 32340
3. A copy of the **veteran's DD-214 along with VA disability letter** and/or **first responder's credentials** and mail with completed application.
4. Family Questionnaire (pages 8-9) is to be completed by a parent, spouse, significant other or family member currently living with the veteran and/or first responder. If the veteran and/or first responder lives alone, have the document completed by one of those qualified that see the veteran and/or first responder on at least a weekly basis. Please have the parent, spouse, significant other or family member send the Family Questionnaire portion of the application directly to Forgotten Coast K9 at the address listed in #2 above.
5. Please note, sending in the application is only the first step in the application process. The application will be reviewed upon receipt; any additional information needed will be requested from the veteran and/or first responder, or their family member. Once the application is complete it must be reviewed by the Application Committee for tentative approval. The timeframe between tentative approval and actual receipt of a service dog will depend on how fast the application is completed and sent in. It is important to send in all required documents so that the Application Committee can make an informed decision about the application. The veteran and/or first responder will be notified by a representative of Forgotten Coast K9 as to the status of the application (put into the queue, deferred, etc.).
6. When Forgotten Coast K9 is starting to pull a handler/service dog pairing class together, the application will be reviewed by the Selection Committee. A representative of Forgotten Coast K9 will contact the veteran and/or first responder to clarify any committee issues, answer any questions about the program and discuss the next steps in the application process.
7. Once a service dog is trained by the veteran and/or first responder, the person must be able to travel to Florida and attend the certification session required by Forgotten Coast K9. If an applicant is unable or unwilling to attend the certification session, they will not be certified.
8. Do not assume that answering a question in a particular way will automatically disqualify the veteran and/or first responder from the program. We are not looking for the "right" answer. We want honest answers. This will assist us in helping the veteran.
9. Questions regarding this process may be emailed to: [forgottencoastk9@gmail.com](mailto:forgottencoastk9@gmail.com). No confidential information should be sent via email. Send us a note, including phone number, state that there are questions about the application process, and we will call the veteran and/or first responder.

# Forgotten Coast K9 Application

## Applicant Information

Please note: Application must be completed by the veteran and/or first responder or answered under the direction of the veteran. If completed by someone other than the veteran and/or first responder, on a separate piece of paper, please identify the person completing the application and explain why the veteran is unable to complete the application on their own.

### General Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_  
Marital Status: \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Highest Level of education completed: \_\_\_\_\_  
Last school attended or attending: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Military Information

What is your military status?  Veteran  Active Duty  NG/ Reserve  N/A  
Branch of service: \_\_\_\_\_ Dates of service: \_\_\_\_\_  
Rank at discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
Honorable:  Yes  No  
Where did you serve?: \_\_\_\_\_ Deployed:  Yes  No

## First Responder Information

What kind of first responder were you?  LEO  EMT  Paramedic  Firefighter  N/A

What is your First Responder status?  Retired  Active  Not-active  Reserve

Department: \_\_\_\_\_ Date of certification: \_\_\_\_\_

Rank: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Reason for leaving (retired, resigned, fired, etc.): \_\_\_\_\_

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## Housing Information

With whom do you live?  Alone  With parent(s)  With spouse or significant other

With attendant  With roommate(s)

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

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Do you have a strong support system?  Yes If yes, who?: \_\_\_\_\_

No If no, please explain: \_\_\_\_\_

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What type of residence is your home?  House  Apartment  Dorm  Condo  Mobile Home

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

How long have you lived there?: \_\_\_\_\_

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Does your home have a fenced yard, enclosed area or other space for a dog to exercise?  Yes  No

Do you own any pets?  Yes  No If yes, what kind and how many?: \_\_\_\_\_

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## Civil/ Criminal Charges

Have you ever had, or do you have, pending criminal charges?  Yes  No

If yes, Please explain: \_\_\_\_\_

Dates: \_\_\_\_\_

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Have you served, or are you currently serving, parole or probation?  Yes  No

If yes, Please explain: \_\_\_\_\_

Dates: \_\_\_\_\_

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Have you ever been charged with driving under the influence?  
If yes, Please explain:

Yes  No

Dates: \_\_\_\_\_

Have you ever been charged with domestic violence?  
If yes, Please explain:

Yes  No

Dates: \_\_\_\_\_

Have you ever been charged with animal cruelty?  
If yes, Please explain:

Yes  No

Dates: \_\_\_\_\_

### Owning a Dog

Have you ever owned an animal, specifically a dog?  
If yes, Please explain:

Yes  No

Do you reside with, or visit children regularly or do you children regularly visit you?

Yes      How many? \_\_\_\_\_      What are their ages? \_\_\_\_\_  
 No

How frequently?:  Daily  Weekly  Monthly  Other: \_\_\_\_\_

How do you feel about the use of a service dog publicly identifying you as a person with a disability?  
Please explain:

Please define your need for a service dog (please be as specific as you can):

All participants shall be familiar with, and comply with, the regulations implementing the Americans with Disabilities Act (ADA) for Title II and Title III, dated September 15, 2010 regarding the use of a service dog. ADA guidelines can be found online at [www.ada.gov](http://www.ada.gov). Failure to do so could result in the loss of your service dog after graduation.

By signing this application, the veteran and/or first responder is granting permission for Forgotten Coast K9 staff to communicate with individuals designated in the application as family.

I, \_\_\_\_\_ have disclosed all information to the best of my knowledge. I understand that failure to disclose, or providing a false response, shall be grounds for automatic disqualification from consideration for, or expulsion from, the program.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail the completed application form to:**

Forgotten Coast K9  
Attn: Applications  
137 SW Shelby Ave.  
Madison, FL 32340



## Photography Authorization and Release

I consent to being photographed/videoed by Forgotten Coast K9 and/or the designee in connection with the training, promotion, marketing and educational endeavors of Forgotten Coast K9, and/or its designee.

I understand that such photographs/videos may be published in any print, visual or electronic media, including, but not limited to marketing, brochures, pamphlets, videos, website(s), social media, medical journals and textbooks, for the purpose of informing the medical profession, service dog profession and/or general public about service dog training methods for veterans and/or first responder disabilities.

I understand that the photographs may portray features which will make my identity recognizable.

I understand that I have the right to revoke this authorization in writing at any time, but if I do so it will not have any effect on any actions taken prior to my revocation. If I do not revoke this authorization, it will automatically expire ten years from the date written below. I understand that I may refuse to sign this authorization and such refusal will have no effect on the services I receive from Forgotten Coast K9.

I release and discharge Forgotten Coast K9 and all parties acting under their direction and authority from all rights that I may have in the photographs and from any claim that I may have relating to such use in publications, including any claim for payment in connection with distribution, licensing or publication or reprinting of the photographs.

I have read this Authorization and Release Form and have had an opportunity to consult legal counsel with respect to this. By placing my signature below, I fully consent to the terms and conditions contained herein. This consent is a voluntary contribution in the interest of public education, and I certify that I have read the above Authorization and Release Form and fully understand its terms.

**Mail the completed form to:**

Forgotten Coast K9  
Attn: Applications  
137 SW Shelby Ave.  
Madison, FL 32340

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

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

Witness Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Service Dog Program Application  
Family Questionnaire**

(Complete by parent, spouse, significant other family member that currently lives with or sees the applicant on a weekly basis.)

All comments and responses are confidential and will not be shared with the veteran. This form is intended for Forgotten Coast K9's assessment purposes only. Truthful, honest and full disclosure is extremely important to a proper assessment and potential placement of a service dog.

Name: \_\_\_\_\_  
Applicant name: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Veteran's and/or First Responders Mental and Emotional Status:**

Do you feel the veteran and/or first responder acts in ways that are beyond his/her control? If yes, please explain:  Yes  No  Minimally

Can the veteran and/or first responder learn and follow directions to the degree necessary to take care of a service dog?  Yes  No  Minimally

Is the veteran and/or first responder able to make rational decisions about protecting Himself/herself as well as the needs and safety of others?  Yes  No  Minimally

Is the veteran's and/or first responder's disability affected by drug or alcohol use or abuse?  Yes  No

Is the veteran and/or first responder capable of making rational decisions?  Yes  No

Does the veteran and/or first responder pose a danger to himself/herself or others? If yes, please explain:  Yes  No



**Veteran's and/or First Responders Mental and Emotional Status (continued):**

- Does the veteran and/or first responder exhibit awareness of surroundings?  Yes  No
- Is the veteran and/or first responder oriented to time, place and person?  Yes  No
- Does the veteran and/or first responder have an appropriate attention span?  Yes  No
- Does the veteran and/or first responder have the ability to relate positively with others?  Yes  No
- Can the veteran and/or first responder communicate ideas clearly?  Yes  No
- Can the veteran and/or first responder follow, absorb and incorporate step-by-step instructions?  Yes  No
- Is the veteran and/or first responder able to form insights, judgements and plan a course of action?  Yes  No

**Family Questions**

What are the benefits you anticipate the veteran will experience as a result of a service dog?

What are the benefits YOU anticipate experiencing as a result of the veteran and/or first responder obtaining a service dog?

Do you have concerns about the veteran obtaining a service dog?  Yes  No  
If yes, please explain:

Are any members of the veteran's and/or first responder's support system allergic to dogs, dog hair or dander?  Yes  No

Would you like clarification or need to speak to us for additional information?  Yes  No

Best method to contact you:

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Thank you for taking the time to complete this questionnaire. If the veteran and/or first responder is accepted, we look forward to working with you as a helpful contributor to their recovery.

**Please mail the completed forms to:**

Forgotten Coast K9  
Attn: Applications  
137 SW Shelby Ave.  
Madison, FL 32340

# PCL-M

**INSTRUCTIONS:** Below is a list of problems and complaints that veterans sometimes have in response to stressful military experiences. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful military experience?	1	2	3	4	5
2. Repeated, disturbing <i>dreams</i> of a stressful military experience?	1	2	3	4	5
3. Suddenly <i>acting or feeling</i> as if a stressful military experience <i>were happening again</i> (as if you were reliving it)?	1	2	3	4	5
4. Feeling <i>very upset</i> when <i>something reminded you</i> of a stressful military experience?	1	2	3	4	5
5. Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, sweating) when <i>something reminded you</i> of a stressful military experience?	1	2	3	4	5
6. Avoiding <i>thinking about or talking about</i> a stressful military experience or avoiding <i>having feelings</i> related to it?	1	2	3	4	5
7. Avoiding <i>activities or situations</i> because <i>they reminded you of</i> a stressful military experience?	1	2	3	4	5
8. Trouble <i>remembering important parts</i> of a stressful military experience?	1	2	3	4	5
9. <i>Loss of interest</i> in activities that you used to enjoy?	1	2	3	4	5
10. Feeling <i>distant or cut off</i> from other people?	1	2	3	4	5
11. Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5
13. Trouble <i>falling or staying asleep</i> ?	1	2	3	4	5
14. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5
15. Having <i>difficulty concentrating</i> ?	1	2	3	4	5
16. Being " <i>super-alert</i> " or watchful or on guard?	1	2	3	4	5
17. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5