

# Rescue 22 Foundation "Saving Two at A Time"



Thank you for your interest in the Rescue 22 Foundation [R22]. R22 provides veterans and in some cases, currently serving, with professionally trained service, emotional support and companion dogs for Post-traumatic Stress Disability (PTSD), traumatic brain injury (TBI), military sexual trauma (MST) and other diagnosis that interfere with quality of life. For Veterans or currently serving members of our Armed Forces that are requesting an R22 Companion dog, a medical diagnosis is not required. Each application is screened on a case by case basis so that the dog may be trained to meet the specific need of the veteran or currently serving individual.

All information that is requested as part of this application is essential in order to ensure the best match possible with our K9s. If you are having any difficulty or have a question related to this application, please do not hesitate to reach out as part of this process. All information submitted is kept strictly confidential.

To qualify for our program, you must meet the following basic criteria (other acceptance criteria may be required):

- (i) Verifiable and documented diagnosis by a licensed and certified clinician (for service and emotional support dogs)
- (ii) honorable discharge or current honorable service as per DD214
- (iii) stable living environment,
- (iv) free of substance abuse,
- (v) not have a conviction for any crime against animals.

**\*\*The Rescue 22 Foundation will also consider applications from those that already have a dog and our interested in training for service (this is on a case by case basis and the outcome of an onsite evaluation also applies).**

# RESCUE 22 APPLICATION FOR SERVICE< EMOTIONAL SUPPORT OR COMPANION DOG

The following documents are required to apply for a dog from the Rescue 22 Foundation:

1. Completed application (this document).
2. Official Signed Letter from your medical doctor, psychiatrist, psychologist, or other licensed mental health care professional. (R22 SERVICE AND EMOTIONAL SUPPORT ONLY, not needed for COMPANION)
  - a. This letter must verify your PTSD/TBI/MST or or/and any other mental disability and health diagnoses relevant to your participation in this program.
  - b. This letter must be current; the letter must be signed and dated within the last 120 days before the submission of your application.
3. DD Form 214 (Member-4 copy).
  - a. If you have multiple periods of service or multiple periods of active duty during which a separate DD-214 was issued, you must provide each document.
  - b. If you are/were National Guard or Reserve, an NGB Form 22 does suffice.

\*\*\*PLEASE redact social security numbers from your DD214 FORM

4. If you are still active duty, you will need to provide command authorization; please contact the R22 team for any additional questions related to our currently serving members.

Please sign and date to acknowledge you have completed the application in full.

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

## SECTION 1. APPLICANT INFORMATION & RESIDENTIAL HISTORY

Full Name: \_\_\_\_\_

Maiden                      Last                      First                      Middle

Home Phone: \_\_\_\_\_ Cell Phone:  
\_\_\_\_\_

Primary E-mail Address: \_\_\_\_\_

**Current Address**

\_\_\_\_\_  
Street Address                      Apartment/Unit #  
\_\_\_\_\_  
ZIP Code                      City                      County                      State

**Previous Address (Required)**

(Dates: \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_\_\_  
Street Address                      Apartment/Unit #  
\_\_\_\_\_  
ZIP Code                      City                      County                      State

Marital Status:                      \_\_\_\_\_ Single                      \_\_\_\_\_ Married                      \_\_\_\_\_ Separated                      \_\_\_\_\_  
Divorced                      \_\_\_\_\_ Widowed                      \_\_\_\_\_ Domestic Partnership

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone number:  
\_\_\_\_\_

Personal Reference & Phone Number: \_\_\_\_\_

Personal Reference & Phone Number: \_\_\_\_\_

I understand that the Rescue 22 Foundation may contact the above listed personal references and authorize them to do so, and the personal reference to disclose information about me, as an applicant. **Initials:** \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

Please give names/ages/relationship to you:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there pets in your home? \_\_\_\_\_

Please give type, breed, weight, and gender:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Is anyone in your home allergic to dogs? Yes No

Describe your home and neighborhood (house, apartment, mobile home, size of yard, city, suburb, country, etc.) PLEASE NOTE THAT INFORMATION PROVIDED HERE WILL NOT LIMIT YOUR ABILITY TO RECEIVE AN R22 DOG, but rather assist us in the best match for your circumstances.

---

---

Do you have a fence around your yard?            Yes            No

Is your home fully accessible to you?            Yes            No

Please provide any pertinent details about your military service both foreign and domestic that you would like to share that is not articulated within the DD214: (Please note that this information will remain confidential and will not be shared as part of R22 profiles unless specific permission is granted.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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.

---

---

---

---

---

---

---

**Section 5. WORK/EDUCATION**

Highest level of education: \_\_\_\_\_

Educational degrees: \_\_\_\_\_

Are you presently employed?    Yes    No

Employer: \_\_\_\_\_

Full-time or Part-time (number of hours worked per week) \_\_\_\_\_

Are you presently a student?      Yes      No

Where do you attend school? Do you attend classes on a campus, or online?

---

---

What degree are you pursuing?

---

---

Are you aware of the service dog policy for your school? Yes      No

Do you have daily access to transportation?      Yes      No

If no, what is your primary means of travel?

---

Do you have an adaptive vehicle? (If so, explain type: hand controlled auto, hand controlled van, van with a lift, etc.)

---

---

**Section 7: MEDICAL/MENTAL HEALTH INFORMATION**

Please be as precise as possible, as this section aids us in assigning and training a service dog that will be most suited to your conditions.

**Select all that apply:**

Post-traumatic Stress Disability

Traumatic Brain Injury

Military Sexual Trauma

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Date of Onset or Diagnosis (MM/DD/YY): \_\_\_\_\_

Do you receive VA medical services?      Yes      No

What is the nearest VA facility to your home?

\_\_\_\_\_

\_\_\_\_\_

In your own words, how would having a service dog help you with your PTSD and other mental health and psychological needs? Attach an additional sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other mental/psychological diagnoses or problems that may help us assist in pairing you with a service dog:

\_\_\_\_\_



---

---

---

Have you ever been accepted to another service dog organization? Yes No

If yes, please provide the name of the organization and date of application:

---

---

Do you currently have a service dog from the organization mentioned above? Yes No

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

---

---

Have you ever been denied a service dog by an organization? Yes No

If yes, please provide the name of the organization, the reason for the denial, and date of denial:

---

---

What type of support is available to assist you with care of your service dog (veterinarian visits, feeding, bathing, etc.) in the event you are unable to perform these tasks both at home and at work or school?

---

---

How did you learn about the Rescue 22 Foundation?

---

---

I, \_\_\_\_\_, give consent for the individuals listed below to release to the Rescue 22 Foundation, Inc. information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside K9s For Warriors, 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.

Please list the names, addresses, and phone numbers of those who are applicable:

Primary Doctor & Phone Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

**REQUIRED FOR SERVICE DOGS**

Psychologist/Psychiatrist & Phone Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Veterinarian & Phone Number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

---

Applicant Signature: \_\_\_\_\_  
\_\_\_\_\_

Date:

I further acknowledge that R22 is not a healthcare provider and is not subject to the privacy rules contained in the Health Insurance Portability and Accountability Act (“HIPPA”) and/or other state or federal privacy laws. Though these laws do not apply to R22, I understand that R22 will keep the contents of this application, any supporting documentation, and/or any information discovered during R22’s verification process confidential and will not share such information outside of R22 without my written consent. Initials: \_\_\_\_\_

Lastly, having a service dog is a great commitment. A service dog is not a pet, and as such requires a great deal of additional time, effort, and energy. Your signature denotes you being willing, able and prepared to take on this added responsibility. **IF AT ANYTIME YOU ARE UNABLE TO CARE FOR YOUR R22 DOG, the DOG MUST BE RETURNED TO R22.**

Applicant Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: