

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 benefity.	fit
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 an Accredited member of Assistance Dogs International . UD 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.	S
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.	ot
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, organized and serious control of the serious control o	zation, office or practice in favor of having a facility
Please list your occupation:	
Emergency Contact	Relationship
Address	
	rained to be able to work with the dog? (What are their
	d in or visiting the school, organization, office or
	ations 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
Do you have a website?	
Approximate # of Staff	Approximate # of Students
What tasks/jobs are you interested in having	g a facility dog do? (please be as detailed as possible)
Who will the Facility Dog live with?	
Please describe your home life, social activit	ties, 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?			

PLEASE INCLUDE WITH YOUR APPLICATION THE FOLLOWING:

THE COMPLETED APPLICATION

YOUR SCHOOL BOARD FACILITY DOG POLICY

A DVD OR PICTURES OF THE HOME WHERE OUR DOG WILL RESIDE

Please show us around your home and introduce all family members and pets. You may also want to include your school, workplace, and other places where you spend a lot of time.

\$25 NON-REFUNDABLE APPLICATION PROCESSING FEE

Note: Please review all your documentation before returning to the UDS Service Dogs Program. It is <u>extremely important</u> that we receive all the information requested <u>at the same time</u> in order to give your application our full attention and consideration.

Thank you!

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	e if Applicant, Volunteer, Student, Recipient/Donc	or 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

	or, under guardianship, conservatorship or a ward of the court, the parent sentative is required to sign below pursuant to state or federal law.	or
Name (please print)		
Relationship		
Address		
Phone		
Parent or Legal Guardi	an Signature	
	FOR OFFICE USE ONLY	
Date received	Ву	
Application complete?		
If not, what is missing?		
	Interviewer	
Payment Enclosed?		

Accepted/Rejected______ Reason for rejection_____