



Canine Companions, LTD

Service Dog for Autism Application

Applicant Name		Date of Birth
<input type="text"/>		<input type="text"/>
Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Type	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian		Relationship to Child
<input type="text"/>		<input type="text"/>
Address if Different		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Type	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address if Different		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Application Continued

Applicant Name

Date of Birth

Diagnosis:

Type of services needed:

Below is a list of documents we will need to process your application

- Prescription and letter of medical necessity. Information required listed below.

- Diagnosis
- Patient name
- Age and gender
- Last exam date

- Physician name
- Title
- Clinic/Hospital
- Phone number

- Employment/Income Verification*

- This can include last 60 days of check stubs and bank statements
- Pay history for any child support, SSI payments, or any "other" income

*The purpose of this information is to determine that the home in which the dog will be residing is financially capable of providing for the need of the service dog. If your plan to afford this care includes receiving help from a friend or family member, please provide a handwritten letter, signed, and dated with contact information that explains the help they will provide.

Application Continued

Applicant Name

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Household Information:

1. How many people reside in the home? _____ Please list name, age, and relationship below

2. Are there any other animals in the home? If yes, please list type, breed, spayed/neutered, indoor/outdoor, exposed to dogs and reaction.

3. Where would the dog be while you are away?

4. How many hours a day will the dog be alone (typically)?

Applicant Information

How would you describe your lifestyle and personality? Please list strengths and challenges.

*Knowing this information will better enable Canine Companions, LTD to pair the applicant with a service dog and learn how to best work with the applicant during training activities.

Application Continued

Applicant Name

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I, _____, hereby attest that the information provided in this application is true and accurate to the best of my knowledge. In the event that the information provided is found to be untrue, Canine Companions, LTD has the right to demand that the service dog provided be returned to Canine Companions, LTD. I understand that Canine Companions, LTD requires that a home interview take place to ensure the safety and wellbeing of the service dog. During this interview, I agree to remain truthful in displaying lifestyle and living arrangements so that Canine Companions, LTD staff can accurately determine placement.

Parent/Guardian Signature

Date

Parent/Guardian Print Name

Canine Companions, LTD



To submit application, please select your county and send the application and all documents to the email address listed for that county. If you have any questions, please contact the phone number or email address for your county.

Canine Companions, LTD



Please see below for the list of counties and contact information:

aanderson@caninecompanionsltd.org

Phone: (520) 732-3241

Pima County

Santa Cruz County

Cochise County

Mohave

Yuma County

Graham County

Greenlee County

La Paz

aclark@caninecompanionsltd.org

Phone: (520) 635-5845

Pinal

Maricopa

Gila

Navajo

Yavapai

Coconino

Apache