

For Official Use Only:



Applicant Information

First and Last Name:	
Date:	
Email Address:	
Phone Number:	
Address:	
Age:	

Care Giver/Guardian Information (if applicable)

First and Last Name:	
Date:	
Email Address:	
Phone Number:	
Address:	
Age:	

It is our goal to make service dogs easily accessible and affordable for ALL who are experiencing life-altering effects of trauma and medical diagnosis'.

"It will be a long journey; I will walk with you."

-K9 Service Partner

Eligibility *(Must meet all 5 categories to be eligible for a L4A Service Dog)*

1. **Have a current mental health disorder in the Trauma- and Stressor-related (and/or) anxiety/depressive disorder categories of the most current DSM; and/or a Physical Limitation as the result of a traumatic event and/or medical diagnosis that impairs daily life.**
2. **Mental Health Disorder(s) and/or Physical limitation and/or Medical Diagnosis has been diagnosed by a Medical Provider and/or Mental Health Professional and/or Accredited Organization such as the Department of Veteran Affairs.** *Must be able to provide official documentation. (See last 2 pages of Application).*
3. **Receiving on-going current medical and/or psychological assistance for above diagnosed Mental Health Disorder and/or Physical Limitation.** *Must be able to provide official documentation from a provider or non-profit organization providing services. (See last 2 pages of Application).*
4. **Having a service dog would greatly enhance/ ease everyday life** (Able to identify at least 3 tasks in which a service dog would assist the applicant in returning to a more balanced state of functioning).
5. **Able to care for a dog in the home (financially and physically) either yourself or by an *approved caregiver.** **If a caregiver will be supporting the service dog in the applicant's home, they must also agree and sign.*

Application

Liberty for All, Service Dogs specializes in Psychiatric Assistance and Mobility Support Service Dogs. We provide Medical Alert (diabetic, seizure, etc...) on a case-by-case basis. *We do not provide guide dogs at this time.*

- Please select which category Service Dog you require:

Psychiatric Assistance Mobility Support Medical Alert Other

- Have you or your caregiver had any experience with a dog in the home?

Yes No

- Do you currently own any pets? If yes please provide details including how many pets, species, breed, age, sex, neutered/spayed.

Yes No (If Yes, Provide Details below)

- Are all pets up to date on their vaccinations?

Yes No N/A If no, please provide details.

- How many adults and children live in your household?

ADULTS (18+)	
CHILDREN (13 -17)	
CHILDREN (2-12)	
CHILDREN (Under 2)	

- Does anyone in your home have allergies to animals?

Yes No If Yes, please provide details.

- Do you own or rent your home?

Own Rent

- Please describe your home (check appropriate boxes)

Single Family Home Apartment Townhouse Urban Suburban Rural

- Do you have a fenced yard?

Yes No

- If Yes, is the yard fully enclosed?

Yes No

- Select from one of the following that best describes you:

Extremely active: I'm always on the go, can't slow me down!

Very active, out at least 4-5 days and usually have relatively active weekend plans at least one day of the weekend.

Moderately active: Out usually 3-4 times a week, sometimes on the weekend I enjoy an occasional hike or walk- but also Netflix.

Somewhat active: Out maybe 2-3 times a week and most often enjoy slower paced weekends so I need a Service Dog who enjoys the same!

Please give a brief description of your lifestyle including hobbies, activities.

- If you work, describe your schedule, job duties, and location. (I.e.: at a desk on the 3rd floor in an office building 9-5).
-
-
-

- Are you aware that having a service dog means approximately one to three hours per day should be devoted to handling, loving, feedback, grooming, and continuing basic and task training the service dog?

Yes No

- Do you require or would you prefer a hypo-allergenic breed?

Yes No

- There are numerous theories and methods currently used to train service dogs. Are you prepared to accept and use our methods for training/handling a Liberty for All, Service Dog?

Yes No

- Do you agree to maintain all required veterinary care for a Service Dog?

Yes No

- Please list your current or last veterinarian name and contact for a reference (if applicable):

- We believe many breeds can make great service dogs. If you have a breed or type/style of dog you are partial to, you are welcome to list some of your favorite qualities in the space below. Please note depending on status of donations or rescue/shelter availability we will not always have available the specific breeds (or mixes of) you request. A waitlist may apply if you are not open to other options. However, listing your preferences will not slow down your application process, it helps us get to know you and make the best selection available.

Liberty for All, Service Dogs offers multiple Service Dog Programs; **Please select one:**

Raise and Train Program

Liberty for All, Service Dogs accomplishes its mission of community building through our raise and train program by incorporating a peer support method of approach. The client is paired with a candidate trained to an agreed upon level. Clients train together weekly, alongside our staff throughout the duration of their service dog candidate's training. Within this program, our role is not only to guide clients in developing a successful working relationship with their K9 partner but to develop relationships and networks that will continue to offer support long after program completion. Group setting engagements involve evidence-based techniques that have been proven to facilitate resilience and recovery. Liberty for All, Service Dogs aims to go beyond just the pairing of a Service K9; while this is the most important piece of our mission, the issued K9 is only the beginning of establishing a new and improved normal for survivors.

Distance Training Program

The Distance Training Program is right for clients whose housing exceeds a 2-hour driving radius from the Killeen, Texas area but would like to participate in the Raise and Train option. Distance Training Program clients are paired with a K9 candidate trained to an agreed upon point and then complete training on their own using videos made by our training staff. Distance clients are required to check in at a minimum weekly via video conference for real-time training checks. Clients must also financially commit to a minimum of 3, in-person travels to our home location in Central Texas: the first, to pick up their candidate and review basic training skills; the second, to complete the AKC Canine Good Citizen tests and review advanced training skills; and the third, for review of public access skills, final testing, and task verification.

Finished Service Dog Program (Waitlist Applies)

Liberty for All, Service Dogs recognizes that the Raise and Train Program is not the right fit for everyone. Our clients have the option to choose the Finished Service Dog Program which provides a Service Dog that has completed all required training, testing, and whose tasks suit their individual needs. Clients choosing this option understand that a wait list of up to a year or more may apply. The Liberty for All Finished Service Dog Program requires clients train and certify with their new partner, in-person, for 2 weeks before the process is deemed complete.

Common task examples of a Trauma-Response Service Dog are:

- **Deep Pressure Therapy (DPT).** Dog provides weighted pressure to handler during moments of high anxiety/panic/distress.
- **“Watch”** (Dog turns and faces the rear to watch behind a handler while handler is conducting businesses where their attention is needed to the front. This command provides comfort and ease to handler that their back is “covered”).
- **Room Clear or “Search”** (Dog clears a room before handler enters and alerts handler to any disturbances).
- **Anxiety/ Panic Alert** (Dog makes handler aware of pending anxiety/ panic attacks before they arise to full expression).
- **Distract/ Intervene** (Dog provides distraction/disruptive behaviors to intervene in their handler’s destructive or harmful anxiety, stress, or panic reactions).
- **Stability Support** (Dog provides stabilizing stances to assist handlers in walking/ sitting/ or standing).
- **Mobility Support** (Dog provides limited mobility services to handlers in need of wheelchairs. *This service is not intended to be the dog’s constant duty but can be taught for moments when the handler needs assistance getting up minor inclines and through/over minor obstacles or in cases of emergency where a handler needs assistance in getting to help quickly.*
- **“Fetch”** (Dog aids in retrieving specific (trained items) such as prescribed medication or a water bottle, for example.
- **“Get Help”** (In the cases of a fainting spell, debilitating anxiety attack, or related instance, the dog can be trained to go to the nearest person and retrieve that person to the downed handler).
- **Nightmare/Terror alert** (Dog wakes up handler in the case of a major sleep disturbance).

- Please list at least 3 tasks you would like your service dog to perform:

1.
2.
3.
4.
5.
6.

- Are you willing to attend required training classes, based on your program selection, and take the Liberty for All Service Dog required tests with your matched service dog?

Yes No

Finished Service Dog Program Training Information

Liberty for All, Service Dogs undergo a thorough selection process to better help us ensure the success of their life in service work. We examine traits like temperament, trainability, desire to work with and be with a handler, and health. Though it is never guaranteed with any living being; if a finished service dog has been deemed ready to issue to an approved applicant, they will have already received an upwards of 600 hrs. in time and training.

Prior to issuing a finished service dog, all Liberty for All Service Dog canines will have passed the American Kennel Club (AKC) Canine Good Citizen (CGC), Advanced CGC, and Urban CGC Tests as well as a Public Access Test and know at least 3 tasks.

Though it is not required by law for a service dog to have passed these tests, at Liberty for All, Service Dogs, we find it provides a level of measurable assurance that our dogs have what it takes to be good service dog ambassadors. **For this reason, we require our applicants to also pass the CGC, ACGC, UCGC, and Public Access Tests with their matched service dogs before Liberty for All, Service Dogs considers the partnership complete.** Not to worry, we will teach/show you all you need to know!

Before leaving with your finished Liberty for All, Service Dog, we require all applicants to train with us for at least 2 weeks prior to the above testing. This gives you time to develop a relationship with the dog and learn how to use all its commands and tasks before expecting the service dog to successfully perform on your behalf.

After leaving with your assigned Liberty for All, Service Dog, you must agree to/be willing to continue its' training. While most of this training is completed "*on the job*", **we also require new service dog/handler teams to check in with us for training sessions at least twice a year for the first year, and once a year for the following two years.** However, as a member of the Liberty for All, Service Dog family, you are always welcome to attend any training classes/events/outings through our organization at no cost to you while you have a Liberty for All dog in your care. And in fact, you are encouraged to do so! We believe in building a community in this aspect. "It takes a village", after all.

Raise and Train Program and Distance Training Program Information

*****PLEASE NOTE: the puppy/dog MUST be a pre-approved Liberty for All, Service Dog candidate and selected by our organization.** *No personal pets will be "issued" as a service dog through Liberty for All, Service Dogs.*

If you choose to participate in the Raise and Train or Distance Training Programs, you understand and assume the risk that: while we are very hopeful of all our selected service dog candidates; unfortunately, not all will make the cut for service work in the end. This is at the discretion of Liberty for All, Service Dogs and at any point, the potential puppy/dog may be removed from the program at which point they will be available for adoption. Until a dog is issued as a fully trained service dog, they belong to Liberty for All, Service Dogs. Though as a Raise and Train/Distance client, you have the first right to adopt the dog should you wish, if you continue to meet both financial and physical care requirements.

If participating in the Raise and Train/Distance Training Programs, you are agreeing to use Liberty for All, Service Dog approved training methods and attend ALL required Liberty for All, Service Dog training classes (in person requirements for local only) and testing including **Basic training classes and Advanced Training classes which include the American Kennel Club (AKC) Canine Good Citizen (CGC), Advanced CGC, Urban CGC, and the Public Access class/test.** Testing is associated with most of the classes to move on to the next level. Basic-Advanced Training Classes are typically held once a week at our partner organization: Kindred Spirit Ranch, LLC in Copperas Cove, TX. Please note some of the classes are held during the evenings or on weekends, to which you agree to ensure your candidate is there. Each class runs 6-8 weeks with roughly a 1-month break in between. You are required to practice daily for 15-30 min at a time (K9 age dependent) between classes.

Additionally, you also agree to ensure your Liberty for All, Service Dog candidate is exposed to strangers, other dogs/animals (we safely facilitate these interactions at our classes) and is a well-rounded good citizen at public locations both indoors and outdoors.

Distance Clients: You agree to send videos weekly of training progress in between testing dates to allow trainers to provide feedback and interventions as necessary. Your K9 may require in-person interventions from trainers; should this be deemed necessary; you are financially responsible for ensuring the K9 be returned to L4A for remedial training.

I have reviewed and agree with the above program information **CLIENT INITIALS:** _____

Client Agreement

If issued a Liberty for All, Service Dog, I (first/last) _____, understand and agree to the following (please initial):

_____ I understand that while in training and until the organization deems the K9 certified, my assigned K9 candidate is lawfully owned by Liberty for All, Service Dogs.

_____ I agree to maintain communication with Liberty for All, Service Dogs staff and inform them of any address and/or phone/email updates should they arise within 2 weeks of the change.

_____ I understand that should I fail to meet the contact/training requirements, Liberty for All, Service Dogs reserves the right to confiscate my assigned K9 candidate and terminate services.

_____ I understand that by participating in Liberty for All Service Dogs programs, I am required to attend all previously agreed upon appointments, whether virtual or in-person, and will be considerate of the staff, volunteers, and training instructor's time, as they will be my own. I understand that if I am more than 10 minutes late to an individual appointment, the full agreed upon services for that session may not be rendered and/or the staff may have to reschedule me entirely.

_____ I understand that if I need to cancel or change my scheduled training/meeting times, a 24-hr. notice is required. Should an emergency arise, I agree to inform Liberty for All, Service Dogs as soon as I am able. If I miss more than 3 scheduled appointments or video footage reports without proper notice (emergencies excluded), I understand the organization has a right to terminate services.

_____ As a living being, my service dog may require additional professional training from time to time. I agree to use Liberty for All, Service Dogs or an approved trainer of Liberty for All, Service Dogs should the need for re-training arise.

_____ I understand that as a service dog handler/ representative of Liberty for All, Service Dogs, my service dog should always remain a good service dog ambassador when working in public. As such, I agree to immediately contact Liberty for All, Service Dogs for all issues/ concerns that may arise with my service dog's tasks or basic/advanced training, overall mannerisms, and/or health.

_____ Should I and/or my approved caregiver become unable to care for or maintain my issued service dog, I will immediately contact Liberty for All, Service Dogs.

_____ I agree to maintain all required veterinary care for my Service Dog and understand the animal will be sterilized (spayed or neutered) at the appropriate age as determined by the K9 professionals at Liberty for All, Service Dogs.

_____ I understand Liberty for All, Service Dogs reserves the first right of ownership should I become unable to care for my issued service dog. As such, I understand that should I need to relinquish my service dog back to the organization, circumstances dependent, my service dog may be later re-issued to another approved Liberty for All, Service Dogs' applicant.

_____ If my issued service dog needs to be retired from service work, either by a change in desire to work and/or old age, I understand I have the first right to adopt the dog as a pet in my home so long as my financial and care requirements (as outlined by Liberty for All, Service Dogs) still stands.

_____ Though it is not common, should my service dog require an early retirement, I understand that I will no longer be able to represent my dog as an active service dog and will be placed at the top of the waiting list for another Liberty for All service dog should I desire/need. I understand in these rare cases, a new/updated application may be required.

_____ I understand that should fail to comply with the above agreement, the organization reserves the right to terminate services.

Signature of Applicant: _____

Printed Name of Applicant: _____

Signature of Caregiver/Guardian (if applicable): _____

Printed Name of Caregiver/Guardian (if applicable): _____

Date: _____

Informed Consent

Katherine M. Stam, LMSW, CTP

Liberty for All Service Dogs, Clinical Director

I am a Certified Trauma Professional and Licensed Master Social Worker licensed to practice in the State of Texas by the Texas Behavioral Health Executive Council. As a Licensed Master Social Worker working towards independent licensure, I am required by the Association of Social Work Boards to practice under LCSW-S Supervision until 3000 clinical hours have been achieved. My Clinical Supervisor is Kami Diaz, LCSW-S.

I graduated with my Master of Social Work from the University of Southern California in 2018 with a specialization in Veteran Affairs. I am also an Army Veteran of 8 years. As one of the founding members of Liberty for All Service Dogs, I have passion for Animal-Assisted Therapies and the use of Service Animals as part of a treatment plan. In previous years, I have worked in the non-profit sector providing Equine Assisted Growth Programs to Veterans, Active Duty, First Responders, and their families. I specialize in addressing the needs of those who have experienced trauma(s), not exclusive to military trauma.

If you have any questions for me, or concerns, please let me know at 919-720-1101 prior to completing this form.

_____ (initial) I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions and any questions that I have asked, have been answered to my satisfaction. I consent voluntarily to participate in monthly wellness check-ins with Katherine M. Stam, LMSW, CTP lasting from 15-30 min depending on my need.

_____ (initial) I understand that Katherine M. Stam, LMSW, CTP is practicing under Clinical Supervision and my sessions may be discussed confidentially and anonymously with my supervisor, Kami Diaz, LCSW-S.

_____ (initial) I understand that my check-ins with Katherine M. Stam, LMSW, CTP are strictly for the purposes of tracking my success within the program and/or areas of concern as self-reported, addressing acute mental health stressors pertaining to my service dog placement, and furthering healthy coping skills and personal growth as determined by my reported needs during sessions. Therefore, I understand that Liberty for All check-ins with Katherine M. Stam, LMSW do not replace any current, long-term mental health care by my provider for the treatment of any current or future mental health diagnoses.

_____ (initial) **I understand that as a licensed mental health provider, Katherine M. Stam, LMSW, CTP is considered a Mandated Reporter and has a Duty to Warn. As such, information I provide regarding clear intent to harm myself or others must be reported. I also understand any information I provide regarding the direct intent to harm or any abuse occurring to a minor, elder, or other vulnerable adult by another person must also be reported to an appropriate channel.**

Client Name: _____

Client Signature: _____

Date: _____

Telemental Health Informed Consent for Katherine M. Stam, LMSW, CTP

I, _____, hereby consent to participate in telemental health wellness check-ins for 15-30 min, monthly with Katherine Stam, LMSW, CTP, as part of my participation in Liberty for All, Service Dogs as it pertains to the service dog placement and success and/or stressors associated within.

I understand the telemental health service provided by Liberty for All is for the propose of a wellness check in, as it pertains to my Liberty for All Service Dog placement and is delivered via technology assisted media or other electronic means between a licensed practitioner and a client who are located in two different locations.

I understand the following with respect to telemental health:

- 1) I understand that I have the right to withdraw consent to these check-ins at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.
- 2) I understand that there are risks, benefits, and consequences associated with telemental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 3) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 4) I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to telemental health unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).
- 5) I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined that telemental health wellness check-ins are not appropriate, and a higher level of care is required.
- 6) I understand that during a telemental health wellness check-in, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at 919-720-1101 to discuss, since we may have to reschedule.
- 7) I understand that Katherine M. Stam, LMSW, CTP may need to contact my emergency contact and/or appropriate authorities in case of an emergency during check-ins. Emergency Protocols I need to know your location in case of an emergency. You agree to inform me of the address where you are at the beginning of each session. I also need a contact person who I may contact on your behalf in a life- threatening emergency only. This person will only be contacted to go to your location or take you to the hospital in the event of an emergency.

In case of an emergency, my emergency contact person's name, address, phone: _____

I have read the information provided above and discussed any concerns with Katherine M. Stam, LMSW, CTP. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

Client Name: _____

Client Signature: _____

Date: _____

Self-Report Questionnaires are conducted monthly in your telemental health check-ins, with the exception of this initial report. Your self-reports are anonymized to protect sensitive information.

Well-Being Assessment (Adult)

I. Life Satisfaction and Life Evaluation

- 1. Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you, and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time? [0 = Worst Possible, 10 = Best Possible] _____
- 2. On which step do you think you will stand about five years from now? [0 = Worst Possible, 10 = Best Possible] _____
- 3. Overall, how satisfied are you with life as a whole these days? [0 = Not Satisfied at All, 10 = Completely Satisfied] _____

II. Physical Health, Mental Health, and Physical Function

- 4. In general, how would you rate your physical health? [0 = Poor, 10 = Excellent] _____
- 5. How would you rate your overall mental health? [0 = Poor, 10 = Excellent] _____
- 6. For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? [0 = Not Limited at All, 10 = Severely Limited] _____

III. Meaning and Purpose

- 7. Overall, to what extent do you feel the things you do in your life are worthwhile? [0 = Not at All Worthwhile, 10 = Completely Worthwhile] _____
- 8. I understand my purpose in life. [0 = Strongly Disagree, 10 = Strongly Agree] _____
- 9. I have a sense of direction and purpose in life. [0 = Strongly Disagree, 10 = Strongly Agree] _____

IV. Character and Caring

- 10. I always act to promote good in all circumstances, even in difficult and challenging situations. [0 = Not True of Me, 10 = Completely True of Me] _____
- 11. I am always able to give up some happiness now for greater happiness later. [0 = Not True of Me, 10 = Completely True of Me] _____
- 12. How often do you show someone in your community that you love or care for them? [0 = Never, 10 = Very Frequently] _____

V. Relationships

- 13. I am content with my friendships and relationships. [0 = Strongly Disagree, 10 = Strongly Agree] _____
- 14. My relationships are as satisfying as I would want them to be. [0 = Strongly Disagree, 10 = Strongly Agree] _____
- 15. How often do you feel lonely? [0 = Never, 10 = Always] _____

VI. Community and Social Support

- 16. How would you describe your sense of belonging to your local community? [0 = Very Weak, 10 = Very Strong] _____
- 17. If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them, or not? [0 = Never, 10 = Always] _____
- 18. Are you satisfied or dissatisfied with the city or area where you live? [0 = Completely Dissatisfied, 10 = Completely Satisfied] _____

VII. Affect

- 19. In general, how happy or unhappy do you usually feel? [0 = Extremely Unhappy, 10 = Extremely Happy] _____
- 20. During the past two weeks, how often have you experienced positive emotions such as joy, affection, or hope? [0 = Never, 10 = All of the Time] _____
- 21. During the past two weeks, how often have you experienced negative emotions such as sadness, worry, or despair? [0 = Never, 10 = All of the Time] _____

Stiefel, M. C., McNeely, E., Riley, C. L., Roy, B., Straszewski, T., & VanderWeele, T. J. (2020). WellBeing Assessment (Adult - 24 items). 100 Million Healthier Lives, convened by the Institute for Healthcare Improvement. <http://www.ihl.org/100MLives>. **The financial assessment criterion was removed as it does not pertain to Liberty for All, Service Dogs.

******* THE FOLLOWING PAGES ARE TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER *******

Mental Health Information and Verification Form PART I (Completed by Provider)

Liberty for All, Service Dogs provides service dogs to those struggling with long-term physical and/or mental impacts of trauma. Any mental health/physical condition reported that is occurring as a result of experiencing trauma will be considered. Liberty for All, Service Dogs recognizes the need to close the gap of access to affordable service to dogs to ALL who are suffering from trauma-related issues... including, but not limited to our Nation's veterans and first responders'.

_____, is applying to be a part of the Liberty for All Service Dogs service dog program, including all training requirements prior to issue of a service dog. So that we may best evaluate the applicant, please provide the mental/ physical health information and verification requested below.

1. Is the applicant currently in treatment for a long-term trauma related mental and/or physical health impairment?

Yes No

2. Has the applicant been diagnosed with any psychiatric conditions? Yes No If yes, which psychiatric condition is the applicant diagnosed with?

PTSD Anxiety Disorder Depressive Disorder BPD DID Schizophrenia Bipolar II Other

Other, Please Specify _____

Is there a treatment plan in place for this diagnosis? Yes No

Please provide any relevant details regarding diagnosis(es) and treatment plan:

3. Is the applicant currently a threat to self or others and/or suicidal? Yes No Please provide details:

4. Is the applicant pursuing a service dog as a first level of treatment? Yes No Please provide details:

5. Please describe the applicant's ability to cope with and manage anger.

6. Please describe the applicant's overall mental health status and treatment plan, including any substance abuse, addiction, and/or dependency other than prescribed medications.

7. Do you have any concerns about the applicant's mental and emotional ability to participate in our required training program and testing which includes (at a minimum) training with a finished service dog for at least 2 weeks without a caregiver, which includes exposure to crowds, loud or unexpected noises, and interactions with the public? Please explain.

Medical Provider Initials: _____

Mental Health Information and Verification Form PART II (Completed by Provider)

Verifying Physician/Clinician Information

I hereby verify that the information I have provided above accurately and completely describes the named applicant's mental and physical health status and treatment as I know and/or, in my professional judgement, have reason to believe it to be.

_____ (initial) I am in support of the above applicant receiving a Service Dog as part of their treatment plan.

Signature _____

Printed Name _____

Licensing Body _____ License/ Certification # _____

Date _____ Phone _____ Email _____

TO BE COMPLETED BY THE APPLICANT:

Authorization for Release of Private Health Information

I, _____ (applicant), authorize _____ (healthcare provider) to disclose to and discuss with Liberty for All, Service Dogs the protected health/ mental health information provided and requested above. This authorization shall expire upon withdrawal of my application for a service dog from Liberty for All, Service Dogs or, if my application is not withdrawn, the retirement of the last service dog I receive from Liberty for All, Service Dogs.

Client or Client Representative

Signature _____

Printed Name _____

Date _____

Client Contact Information: _____

"It will be a long journey; I will walk with you." -K9 Service Partner





Release of Liability

Name: _____

Liberty for All Service Dogs operates in partnership with Kindred Spirit Ranch, LLC and utilizes their training/board facilities. I understand that my attendance in Liberty for All, Service Dog sanctioned classes are not without risk to myself, my dog(s), other family members or guests, and other class participants (human or canine). These include, without limitation, risks of physical injury, mental injury, emotional distress, trauma, death, contact with other participants and their dogs, and property damage. All risks are known and appreciated by me. I waive any and all specific notice of the existence of the risks. I shall assume responsibility for and pay my own and my dog's medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses. I agree that I, as handler of a service dog candidate, I am solely responsible for the dog(s) behavior and physical control and agree to carefully monitor and control it at all times.

By reading, signing and dating this document, I hereby waive and release Liberty for All, Service Dogs, its owner/board members/volunteers/staff, Rebecca Clayton, owner of Kindred Spirit Ranch, and/or owners of any or all premises on which these classes are held, and/or its employees, agents and volunteers of said owners, from any and all damages, losses, fines, claims, suits, expenses (including attorney fees and defense costs), judgments and/or liabilities of any form or nature resulting from any act or omission of any dog or dog owner participating in the classes conducted at Liberty for All, Service Dogs and/or under the auspices of Rebecca Clayton, Kindred Spirit Ranch. This release of liability includes, but is not limited to any injury, death, sickness or personal injury or property damage my dog(s) or I may suffer while on or around the premises where the instruction is held. This release also includes specifically, but without limitation, any and all forms of personal injury (including death) and property damage to myself, other persons, and other animals resulting from the act or omissions of any and all dogs or dog owners and I expressly assume the risk of such damages or injuries and losses throughout the duration of the curriculum.

I also agree to defend, indemnify and hold harmless Liberty for All, Service Dogs and its owner, (Rebecca Clayton, Kindred Spirit Ranch and all employees/board members/volunteers of the above), and/or owners of all premises on which these classes are being held, and/or the employee's agents, and volunteers of said owners from any and all claims, suits, losses, damages, expenses (including attorney fees and defense costs) judgments, fines, penalties and/or liabilities, due to any and all forms of personal injury (including death) and property damage which my pet/guardian K9 or I may cause, or be alleged to have caused, to any person, animal, or property while on or around the premises where the instruction is carried out, or in connection with the instruction provided by Liberty for All, Service Dogs, their employees, agents and/or Rebecca Clayton, Kindred Spirit Ranch.

This Agreement to Release and Waive Liability, Hold Harmless, Indemnify and Assume Risk of Injury or Loss shall survive the completion or termination of services by Liberty for All, Service Dogs, their employees, agents, and/or Rebecca Clayton, Kindred Spirit Ranch.

This agreement is an integrated agreement which supersedes any prior, contemporaneous oral or written agreements or negotiations. This agreement may not be modified except through a written agreement signed by the dog owner/guardian and Liberty for All, Service Dogs.

By my signature below, I hereby state that I fully understand and agree to the above terms and conditions in consideration for the instruction services provided by Liberty for All, Service Dogs and their employees or agents.

Signature: _____ Date: _____

(Must be signed by a parent or guardian if under 18): _____

Printed Guardian Name: _____



Media Release Form

I, _____, grant permission to Liberty for All, Service Dogs to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

- Videos - Email Blasts - Recruiting Brochures - Newsletters - Magazines - General Publications - Website and/or Affiliates - Other: _____

(If none are checked, we will not use any identifying photo or videos and you do not have to sign this document).

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please initial the paragraph below which is applicable to your present situation:

____ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: _____ Date: _____

Name (please print): _____

Signature of parent or legal guardian: _____

(if under 18 years of age)

Appointments and What to Expect Next...

Liberty for All Service Dogs operates in partnership with Kindred Spirit Ranch, LLC Dog Boarding and Training. The owner of Kindred Spirit Ranch is one of the founding members and Program Director of Liberty for All Service Dogs and specializes in service dog training. We utilize their boarding and training facilities, training classes, and training staff.

Scheduled Classes

Kindred Spirit Ranch Classes range six weeks at a time with a reset month in between. Depending on the age and level of training of your matched service candidate, you may expect exposure to Kindred Spirit Ranch AKC sanctioned classes and instruction consisting of:

- 6 wk STARR Puppy Class
- 6 wk Basic Obedience Class (Canine Good Citizen testing at the end)
- 6 wk Advanced Obedience Class (Advanced Canine Good Citizen testing at the end)
- 6 wk Public Access Class (Urban Canine Good Citizen testing at the end)
- Task Training Classes- on going.

Times and dates vary for the classes according to Kindred Spirit Ranch scheduling. You will be contacted prior to this by Liberty for All Staff to ensure you are aware of your training times for the next 6 weeks as we receive the schedules.

Appointment Schedule

First Meeting: After approval, you will be scheduled for a **1-hour session** with training staff to meet with your match or potential matches based on criteria listed in this application. **The time from approval to this First Meeting** varies depending on the current availability of candidates. *It is not uncommon for Liberty for All Service Dogs to start a search for a potential candidate on your behalf once approving your application as our shared kennel space is limited in keeping available dogs on hand.* After a candidate is selected, you are invited to come train with your candidate at the facility by appointment until the Placement Meeting.

Placement Meeting: This is the second formal meeting with Liberty for All Service Dogs and your candidate. It is scheduled for **30 minutes**. This allots time for a brief individual training session with training staff and Q&A before you take your candidate home.

Individual Training Sessions: While most of our classes are in a group format, you may find an individual lesson from time to time beneficial. These are scheduled and conducted at the discretion of the training staff. You are also able to request one if you have concerns about your candidate's progress at home. Individual Training Sessions are anywhere from **30 minutes to 1-hour**.

Monthly Wellness Check-Ins: These appointments provide a space to check-in on your progress with your candidate from the human side- as the rest of our program is geared towards the K9. Your monthly check-ins provide a confidential space with a licensed mental health professional for celebrating wins and addressing issues as it pertains to your participation in Liberty for All. ****They are not considered long-term therapy nor are they intended to replace your current mental health care.** Monthly check-ins are scheduled individually between you and the Clinical Director and are delivered via the telemental health platform doxy.me (you will be sent a link prior to your scheduled appointment). Check-ins last anywhere from **15-30 minutes**.

Group Training Sessions: Local Only. These are the classes listed at the top and are considered Liberty for All appointments, giving you the opportunity to train with your candidate weekly, with peers under professional instruction. It also affords the opportunity to address any issues you may have when training at home outside of class. Group Training Sessions are 1 day/week for **1- hour** to which you will be assigned a class and scheduled a weekly appointment time. However, as a Liberty for All Service Dog client you are authorized to attend any additional Kindred Spirit Ranch group class held throughout the week in addition to your scheduled appointment, by request. Requests to attend other classes outside of your scheduled weekly training appointment can be made to the Program Director. *Distance Clients will train according to video footage provided by L4A and by yourself. You are welcome by appointment to classes or individual lessons as needed.*

Timeliness

It is imperative to be on time for your individual appointments as others are scheduled closely before and after your times. **If you are more than 10 minutes late** to individual appointments, your appointment will be cancelled, and you will need to be rescheduled as it is important to us that you receive the full dedication and time available from staff. *This does not apply to group classes; however, we still encourage you to be timely to minimize class disruptions. Following group classes, you will have 10 minutes to check-in individually with staff on any issues. We ask that you request an individual appointment should the issue surpass the allotted Q&A time to avoid affecting the following group class.

Signature: _____ **Date:** _____