



Dear Applicant,

Please print, fill out, and sign the documents in the attached application and return your completed application to our office:

Pawsitism, Inc.
Service Dog Applications
1221 Erie Ave.
Sheboygan, WI 53081

THE COMPLETED APPLICATION MUST INCLUDE ALL OF THE FOLLOWING:

- Completed application form including a photograph of the applicant and a photograph of the immediate family.
- Documentation of a diagnosis of an Autism Spectrum Disorder to be completed by a medical professional (Page 9)
- Medical statement of allergies (if applicable)
- Personal reference letter from a friend or family member (outside of immediate family) stating how s/he thinks the child would benefit from a service dog and what kind of care you, as the Service Dog's primary caregiver, would provide for the dog.
- All questionnaires and signed acknowledgements (including Photo/Social Media Release Page 10)
- A letter signed by all legal guardians verifying the commitment to receiving a service dog for the child. If custody is split between parents, a letter from each parent is required.
- Submit the application with the non-refundable application fee of \$50 to Pawsitism, Inc. for review.

Please understand that, although there is no charge for the service dogs from our organization, you and your family will be required to work in conjunction with Pawsitism, Inc. staff and volunteers to fundraise \$5,000 by the end of the training period for your service dog.

On the application, please highlight the best number to reach you, as well as the best time of day. If your application is approved, we will contact you within 4-6 weeks for a phone interview and to set up an in-home meeting.

If you have questions please contact us through e-mail at: pawsitism@gmail.com

Pawsitism, Inc. Autism Assistance Dog Application

STEP ONE: Please fill out all forms, questionnaires and charts.

Pawsitism, Inc. recognizes that the demand for autism service dogs is high and availability is limited. Due to the demand, Pawsitism, Inc. must qualify applicants. Pawsitism, Inc. advises families to apply as early as possible.

Please type or print legibly

Applicant's name: _____ DOB _____

Primary caregiver name: _____ Relationship to applicant _____

Secondary caregiver name: _____ Relationship to applicant _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Does the secondary caregiver live with the primary caregiver? Yes ___ No ___

Secondary caregiver residence if different than above:

Address: _____ Phone: _____ City: _____

_____ State: _____ Zip: _____

Email: _____

Does the applicant or anyone who lives in the home have significant allergies to dogs? Yes* ___ No ___

*If Yes, please provide medical documentation.

Do you need a hypoallergenic dog? (Please note there may be a longer wait.) Yes ___ No ___

Have you owned a pet in the last 10 years? Yes ___ No ___

Type _____ Years owned _____

Type _____ Years owned _____

Do you currently have pets in the home? Yes ___ No ___

Type _____ Number _____

If you currently own a dog, what is the breed? _____ and age? _____ If you

owned a dog in the last 10 years, but no longer do, please explain the reason:

Is the area you live in rural or urban? _____

Do you encounter many dogs in your neighborhood on a weekly basis? Yes ___ No ___

Do you live in a: House ____ Apartment/Condo ____ Townhouse ____ Other _____

What is the approximate square footage of your residence? _____ sq ft

How many bedrooms? _____ How many rooms for play or recreation? _____

Do you have a yard? Yes ____ No ____ Approximate _____ sq ft

Is your yard securely fenced? Yes ____ No ____ Height of the fence _____ ft

How many individuals live full time at your residence? _____

Name, age, and relationship to applicant:

Name: _____ age _____ relationship _____

Name: _____ age _____ relationship _____

Name: _____ age _____ relationship _____

Name: _____ age _____ relationship _____

Name: _____ age _____ relationship _____

Does the applicant have visitations with relatives without a primary caregiver(s) present? Yes ____ No ____

If yes, who? _____

How often? _____ How long? _____

Does the applicant attend school? Yes ____ No ____ If no, why not? _____

Applicant's school: _____ Grade _____

Does the applicant have a one-on-one aide at school? Yes ____ No ____

If the applicant will attend school, what calendar year *will* the child attend school? Year ____

If the applicant attends school, what month does school start and end? _____

Does the applicant attend summer school? Yes ____ No ____

Is the applicant or will the applicant be mainstreamed at school, attend special education classes, or some other program? Please explain:

Are you aware of any service dogs working in the school the applicant attends or will attend? Yes ____ No ____

If yes, what is the nature of the dog's service? _____

Does the applicant receive center-based or in-home therapy? Yes ____ No ____

If yes, how many therapists work with your child? _____ How many days a week? _____

Please list all therapies: _____

Does the primary caregiver work outside the home? Yes ____ No ____

Occupation of Primary Caregiver: _____

Occupation of Secondary Caregiver: _____

What activities does your family do for recreation? _____

Does your family participate in activities in the community? Yes ____ No ____

If no, why not? _____

If yes, what activities do you attend? How often? _____

Do you participate in outings around other animals (zoo, farm, aquarium)? How often? _____

Does your family participate in water activities (indoor/outdoor pool, beach, water parks)? How often? _____

Do you vacation as a family? Yes ____ No ____ How often? _____

Any favorite destinations? _____

What means of travel do you use? Airplane ____ Train ____ Bus ____ Car ____

Can you afford an average of \$150 per month to support a service dog (medical care, hygiene, food, etc.)?

Yes ____ No ____

Where will the service dog sleep at night? _____

Where will the service dog take breaks? _____

Where would you exercise the service dog? _____

When and how often? _____

What are the major challenges you experience as a primary caregiver of an individual with special needs?

What are the challenges other family members experience? _____

How will a service dog improve the life of the applicant and household? _____

Primary Caregiver Briefly, what are your expectations for a service dog? _____

Secondary Caregiver What are your expectations? _____

What concerns or reservations do you have with respect to owning a service dog? _____

Is there anything we have not asked that you feel is important for us to know about you, your applicant, or your family?

What are some of the applicant's strengths?

Please rate the following behaviors relevant to the applicant.

Rate the following behavior where 1 is "not problematic" and 4 is "very problematic"

1 Acts impulsively or carelessly, without regard for consequences	1	2	3	4
2 Hits or hurts others	1	2	3	4
3 Hits or hurts him/herself	1	2	3	4
4 Demonstrates other aggressive behaviors	1	2	3	4
5 Damages or breaks things that belong to self or others	1	2	3	4
6 Screams or yells with no apparent cause	1	2	3	4
7 Has sudden mood changes; demonstrates mood swings	1	2	3	4
8 Has temper tantrums or meltdowns	1	2	3	4
9 Has a low frustration tolerance; becomes easily angered or upset	1	2	3	4
10 Cries easily with minor provocation	1	2	3	4
11 Is overly quiet, shy, or withdrawn	1	2	3	4
12 Is underactive or lacking in energy; sedentary	1	2	3	4
13 Expresses unusual worry about many things	1	2	3	4
14 Engages in compulsive behaviors; repeats certain acts over and over	1	2	3	4
15 Is overly concerned with making mistakes; is a perfectionist	1	2	3	4
16 Has toileting accidents	1	2	3	4
17 Becomes overly upset when others touch or move his/her belongings	1	2	3	4
18 Laughs or giggles at inappropriate times	1	2	3	4
19 Ignores or walks away from others during interactions or play	1	2	3	4
20 Becomes upset if routines are changed	1	2	3	4
21 Asks the same questions over and over	1	2	3	4
22 Engages in unusual mannerisms such as hand-flapping or spinning	1	2	3	4
23 Has to play or do things in the same exact way each time	1	2	3	4
24 Has difficulty calming him/herself down when upset or excited	1	2	3	4
25 Runs away from caregivers	1	2	3	4
26 Demonstrates hyperactive behaviors	1	2	3	4
27 Fails to demonstrate awareness of typical environmental dangers	1	2	3	4

Are there other behaviors we should be aware of, and/or behaviors above you would like to discuss in more detail? _____

What are some common triggers for a meltdown? _____

How often does a typical meltdown occur? _____

Please describe the stages of a meltdown. _____

How long does it take the applicant to recover? _____

Is the applicant: Verbal _____ Nonverbal _____

What system(s) does your child use to communicate? Check all that apply:

- Spoken Language Picture Exchange System (PECS)
 Sign Language iPad (ProLoQuo2Go, LAMP Words for Life)
 Speech Generating Device (Dynavox, Tango, GoTalk, etc.)
 Other: _____

The applicant is able to use this system to:

- Make requests Initiate/Comment
 Answer questions Engage in conversation

Does the applicant:

Have any sensory sensitivities? Check all that apply. Sound Touch Sight Smell
 Other: _____

Demonstrate impairments in eye contact and/or body language? Yes _____ No _____

Demonstrate the repetitive use of language or echolalia? Yes _____ No _____

Share enjoyment, interests or achievements with others? Yes _____ No _____

What are some of the applicant's interests (Legos, coloring, cars, etc)? _____

What are high motivators for your child? _____

ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF SERVICE DOG PLACEMENT

Primary Caregiver: _____ (Print)

Secondary Caregiver: _____ (Print)

Should our applicant be accepted into the Pawsitism program, we, the undersigned, will be required to demonstrate aptitude, competency, and commitment to follow the Pawsitism philosophy, education, standards and training. We understand that the service dog remains the property of Pawsitism until such time as the service dog is retired. At this time, we have the choice to adopt the service dog as a pet. The undersigned agree that if any of the standards of veterinary care, health, grooming, cleanliness, and housing are not met, or if the service dog is repeatedly placed in danger or is receiving negligent care and/or treatment, Pawsitism has the absolute, unequivocal right to permanently remove the service dog from our possession with or without notice. The undersigned agree that in this case no compensation and/or refund of the sponsor's or recipient's contribution or associated placement costs will be returned.

We understand that contributions are not payment for a service dog, nor a guarantee our applicant will receive a service dog. While contributions may be given to Pawsitism on behalf of a particular family, we understand those funds do not constitute a purchase. After we, the primary and secondary caregiver, have successfully completed the Pawsitism fundraising requirements, educational training and made the required preparations to receive the service dog, Pawsitism service dog placement will proceed with the recipient and his or her family.

If at any time during the fundraising process, during team training, the transitional phase or the at-home follow-ups, a Pawsitism representative determines the caregiver, caregiver's partner or family is unsuitable to continue placement of a service dog, Pawsitism may exercise its right as stated above to withdraw the service dog without monetary reimbursement to any party.

Primary Caregiver/Parent Signature: _____ Date: _____

Secondary Caregiver/Parent Signature: _____ Date: _____

NEXT STEP: Sign and mail all documents with the following agreement.

I understand and accept the responsibility, financial investment, and care required of owning a service dog. All family members will respect the basic needs of the dog for proper diet, shelter, veterinary care, exercise, attention, and rest. If, at any time, I, or members of my immediate family, cannot meet the requirements of proper care, I understand the service dog is to be returned to Pawsitism, Inc. I further agree to follow Pawsitism's instruction regarding the required reading, training, and the transition and integration process of the service dog into our home.

Signed _____ Date _____

Medical History Form (To be completed by a physician)

Dear Doctor,

The following individual is applying for an autism assistant service dog from Pawsitism Inc. It is our mission to provide autism service dogs, offering safety, companionship and opportunities for independence. Autism Assistance service dogs are trained to stop children from wandering into unsafe environments and have been shown to have a positive impact on communication, behavior and social interactions. For more information on Pawsitism Inc. Service Dogs, please call 920-286-9016.

Date: _____

Please release Pawsitism Inc. Service Dogs any requested information as it relates to my child's condition. Information will not be used for any other purpose than to evaluate the appropriateness of the service dog placement for my child and to help guide ancillary services should they be provided. Pawsitism Inc. will keep this information confidential and will not share it with anyone but the professional sales for any agency that is involved in helping to provide services to me.

Parent/Guardian Signature: _____

Print Name: _____

Patient Information:

Patient's name: _____ Gender: _____

Doctor's Name: _____ Phone #: _____

Address: _____

Date of last exam: _____ Patient since: _____

Height: _____ Weight: _____

Patient Diagnosis: (attach additional sheet if necessary)

Pawsitism Inc. Photo/Social Media Release

Effective Date ___/___/___

Family Name: _____

Address:_____

Phone Number: _____

Email:_____

Organization Pawsitism Inc., AKA (The Organization)

Located at 1221 Erie Ave
 Sheboygan, WI 53081

Phone Number (920) 286-9016

Email: pawsitism@gmail.com

I, the above listed Family Representative, understand that Pawsitism Inc. has a very large social media presence. I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Family Representative's Signature

Date

Print Family Representative's Name