

One Warrior Won Service Dog Application



WWW.Onewarriorwon.org

One Warrior Won
97A Exchange St. Suite 301
Portland, Maine 04101

**One Warrior Won
Intake Form**

DATE: _____ EMAIL ADDRESS: _____
HOME PHONE: _____

NAME: Last _____ First _____ Mi _____
CELL PHONE: _____

PHYSICAL ADDRESS: (Not a Post Office Box)

MAILING ADDRESS: (Actual Address)

BRANCH OF SERVICE: _____

RANK _____ UNIT: _____ MOS _____

REFERRED BY: _____ SOCIAL SECURITY # _____

PLEASE INCLUDE (**COPIES ONLY**) OF THE FOLLOWING AND CHECK:
DD214 _____ MILITARY ID # _____ Doctor Letter _____

HAVE YOU APPLIED FOR ANY OF THE FOLLOWING?

(Please Check) SSDI _____ CRSC _____ MEDICAL DISABILITY _____
VOC REHAB _____ G.I. BILL _____ VA LOAN _____

PLEASE LIST DEPENDANTS INCLUDING SPOUSE:

NAME	AGE	RELATIONSHIP

PLEASE LIST TYPE OF ASSISTANCE IF NEEDED: (Such As) Housing, Utilities, Auto Repair or Transportation Etc: _____

PLEASE EXPLAIN YOUR CIRCUMSTANCES AS TO WHY YOU ARE IN NEED OF ASSISTANCE AND SUPPORT:

Please list your VA rated disabilities and overall percentage:

APPLICANT'S SIGNATURE: _____

I certify that the information provided is voluntary and true as well as correct. I understand that all information requested by One Warrior Won will be used to determine my eligibility.

OFFICE USE ONLY:

CASEWORKER: _____

DATE APPLICATION RECEIVED: _____

CASE # _____ COPIES RECEIVED: LES__ DD214__ MILITARY ID__ DR. LETTER __

Portland, Maine 04101

1. What is your current living situation house/apartment? How long have you lived there?
2. Have you ever had pets previously? If so what kind?
3. What is the name and number of your current veterinary provider?
4. Do you have the ability to provide adequate exercise and maintain the current level of training for the Service Dog?
5. Work type and status (full-time, part-time) Will the dog be going to work with you?
6. What other veteran services and agencies are you working with to assist with your needs and or recovery?
7. Do you have the financial means to provide adequate care for the Service Dog?

8. What are some things you do not do now, that you hope to do after receiving your Service Dog?

9. What outdoor activities are you hoping to enjoy with your Service Dog?

10. What social events/situations would you like to be able to do with your Service Dog.

11. Do you use any device to assist you in walking or standing? (cane, crutches, walker etc,)

12. Do you have a medical diagnosis that requires or recommends a Service Dog

13. Will you be available to commit 3-5 days of training with the Service Dog and our trainer at the time of ownership transfer?

14. Please provide any additional comments below:

