



THE MARINO PROJECT: SERVICE DOG ENROLLMENT APPLICATION

Please read this information carefully prior to submitting the application.

The Marino Project

1. The Marino Project (TMP) is a non-profit organization whose mission is to cause significant impact on the lives of the brave men & women of the U.S. Military through support, advocacy, and financial relief.
2. Our service dog program is designed for Veterans who have been diagnosed with PTSD (Post Traumatic Stress Disorder), TBIs (Traumatic Brain Injuries), MST (Military Sexual Trauma), and/or physical disabilities (*we do not currently provide guide dogs*).
3. TMP identifies service dog candidates through trusted breeders. TMP's trainers will assess all dogs to determine if they have the potential to be a service animal.

Responsibilities of the Veteran

1. Veterans are responsible for the cost to provide care for the dog (food, vet care, training materials, TMP approved kennel, etc....).
2. Veterans accepted into the program will be the **primary** handler/trainer of the dog and the dog **MUST** reside with the Veteran.
3. Veterans must be the primary handler/trainer and are required to attend 1 training session per month with TMP's trainer. Handlers are also required to log a minimum of 300 training hours per year outside of class.
4. The most successful candidates are **highly committed** to consistently meeting the training schedule, both in class and at home. Please consider whether this will fit into your lifestyle. Clients with several unexcused absences or the inability to keep up their dog's training at home may fail out of the program, resulting in the removal of the dog that was placed in their care.
5. Once a Veteran's service dog has passed all of the tests required by the ADA, they will also need to re-certify every 1 year by taking a renewal test with one of our certified instructors.

Service Dogs

According to [Assistance Dogs International](#) a service dog is defined as "a dog that works for individuals with disabilities other than blindness or deafness. Service dogs are trained to perform a wide variety of tasks including but not limited to; pulling a wheelchair, bracing, retrieving, alerting to a medical crisis, and providing assistance in a medical crisis."



APPLICATION CHECK-LIST

Make sure the following required paperwork is attached or has been sent electronically or via USPS **BEFORE** submitting the application. Any missing document or missing signatures will cause the application to be returned.

- Completed** Enrollment Application and all required forms are **signed**
- One of the following: Copy of DD214, Member 4, retirement letter and/or orders to your transition battalion
- VA Award Letter
- Reference Letters from two individuals (pg.10). These letters must contain: their name, address, phone number & signature.

*** Application and Supporting Documents can be dropped off, mailed, or e- mailed to:**

The Marino Project
161 Stage Rd
Etna, ME 04434
email: info@themarinoproject.org

SECTION 1 – BIOGRAPHICAL INFORMATION

First Name: _____ Last Name: _____
DOB: _____ Height: _____ Weight: _____
Marital Status: _____ Spouse (if applicable): _____

Address: _____ City: _____
State: _____ ZIP: _____

What type of home do you reside in (circle one)? House Apartment Other: _____

How do you prefer to be contacted: Text Message Phone Email

Email: _____

Phone: _____ ALT Phone: _____

Text Message: **Yes** **No**

Emergency Contact: _____ Phone: _____

Relationship to Applicant: _____

Branch of Service: _____ Years of Service: _____ Rank: _____

VA Disability Rating: _____

*Please note: Branch of Service, Years of Service, Rank, and Disability Rating are for informational purposes only and **are not factors used to determine eligibility.***

Nearest Relative/Caregiver: _____ Relationship: _____

Are you applying as a (circle one): Caregiver Client

Employment Information

Are you currently employed? **Yes** **No**

If so, where? _____

How many hours a week? _____ How many hours a day? _____

Supervisor's name and title: _____

Supervisor's Phone number: _____

Supervisor's Email: _____

What is your Annual Household Income: _____

Are you attending school? **Yes** **No**

Does your schedule allow you to attend monthly training sessions for the next 12 months?

Yes **No**

Have you even been charged with or convicted of animal cruelty? **Yes** **No**

Cause of Disability (Simply listing “military service” is not applicable. Be as specific as you can):

In your own words, explain in detail, your individual stressor(s): (what triggers you?)

How long have you been disabled? _____

If the disability was caused by an injury, what progress has been made post-injury?

Please indicate adaptive equipment used, if any: (circle all that apply)

Wheelchair **Crutches** **Walker** **Cane** **Scooter**

Other: _____

Define your specific need(s) for a service dog and what you would like your service dog to do for you:

How would you respond to the challenges of having a Service Dog in public, where there might be questions as to the certification and ability to be allowed in establishments? How would you respond and what would you say?

Please describe your limitations, which may include but are not limited to: mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, ability to read and understand written material, anything that might help us better understand your needs. *indicate all that apply, explain in detail

What is a typical day like for you?

Do you have additional diagnoses, to include a mental health diagnosis?

Symptom Checklist (1 = mild; 2 = moderate; 3 = severe; n/a = not applicable)

Depressed Mood 1 2 3 n/a	Social Isolation 1 2 3 n/a	Mania 1 2 3 n/a
Anger/Irritability 1 2 3 n/a	Negativity 1 2 3 n/a	Hallucinations 1 2 3 n/a
Impulsivity 1 2 3 n/a	Anxiety 1 2 3 n/a	Paranoid Ideation 1 2 3 n/a
Delusions 1 2 3 n/a	Dissociation 1 2 3 n/a	Obsessions/Compulsions 1 2 3 n/a

Other Symptoms:

History of addiction (substance and/or behavior):

History of Anger Management:

Quality of Life Questionnaire

This Questionnaire is used to collect statistical data related to the effectiveness of the Service Dog Training Program and the impact it has on our clients. This questionnaire will be completed at the start of training and then again following the completion of the program. Individual responses will not be shared.

Please indicate your current level of satisfaction of the following:

	Very Poor	Poor	Fair	Good	Excellent	N/A
Physical health	1	2	3	4	5	
Mental health	1	2	3	4	5	
Professional life	1	2	3	4	5	
Family relationships	1	2	3	4	5	
Social relationships	1	2	3	4	5	
Leisure activities	1	2	3	4	5	
Ability to function in daily life	1	2	3	4	5	
Mobility	1	2	3	4	5	
Overall sense of well being	1	2	3	4	5	

Are you limited in any of the following areas?

	Very Limited	Sometimes Limited	Not Limited	N/A
Running errands	1	2	3	
Attending work/school	1	2	3	
Attending social events	1	2	3	
Household chores	1	2	3	
Traveling	1	2	3	
Physical exercise	1	2	3	

SECTION 3 – HOME ENVIRONMENT

Please provide the name(s) and ages of people living in the same residence with the Veteran:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

TMP does not allow a program participant to have more than two dogs total (including the service dog) in any given residence.

*Every animal in the home must be assessed prior to acceptance into the program.

How many dogs are currently in your residence? _____

List ALL pets in the home (dogs, cats, birds, etc.):

Home Pet(s)—Name Type/Breed Age Gender: _____
Home Pet(s)—Name Type/Breed Age Gender: _____
Home Pet(s)—Name Type/Breed Age Gender: _____
Home Pet(s)—Name Type/Breed Age Gender: _____

Fenced backyard: **Yes** **No**

If “no” fenced yard, explain location for exercise and how you would exercise your service dog:

Do any of your current dogs exhibit behavioral issues? Behavioral issues include, but are not limited to: aggression (toward people or other animals), excessive barking/howling, resource guarding, etc. **Yes** **No**

If yes, explain: _____

Who is the primary caregiver of family pet(s) (if applicable):

Do you or anyone who resides with you (if applicable) have a fear or severe dislike of dogs?

Yes **No**

Does anyone in your residence have any concern(s) of having a service animal in your/his/her home? Does he/she not want to have a dog in the house? If so, please explain.

What is your usual transportation?

Dog Care/Support System and References

Do you feel that you have a good support system that can provide care for your dog in an event of an emergency and attend classes on your behalf if necessary?

Yes **No**

The two individuals are: (please have these two individuals provide a **reference letter** for recommendation to The Marino Project program. They must also include they understand their responsibilities as your emergency dog care support.)

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

SECTION 4 – FINANCIALS AND TRAINING COMMITMENT

We estimate the annual cost of dog ownership to be between \$1,500 - \$2,000 per year. Do you feel you can assume the financial responsibility of dog ownership, to include housing/bedding, food, pet insurance and veterinary costs? **Yes** **No**

Veterans are accountable for attending training and unexcused absences may result in additional charges to the client, and/or removal from the program. Will you be able to commit to recurring, monthly training that may occur over a period of 12 months, based on the level of training required? **Yes** **No**

Will you be able to commit to doing homework with your service dog in-training as instructed by TMP's trainers and attend public locations for service dog training/testing?

Yes **No**

Do you understand that after graduation, you will be required to recertify every year? Failure to recertify would result in being dropped from the program and The Marino Project will no longer recognize your dog as a service dog.

Yes **No**

I have read the above release and understand and agree to the financial and training commitment required by The Marino Project.

Required* Signature: _____

Date: _____

Print Name: _____

Initials: _____

Witness Signature: _____

Date: _____

Print Name: _____

Initials: _____

Signatures must be hand signed and not electronically

SECTION 5 – MEDIA RELEASE (OPTIONAL)

The Marino Project periodically uses electronic, traditional media (i.e., photography, video, audio, testimonial(s) and social media) for publicity and/or educational purposes.

By my signature, on this form, I acknowledge receipt of this document and give permission to The Marino Project and its designees to use such reproductions for educational and/or publicity purposes in perpetuity without further consideration for me. I have read the above release and am aware of its contents.

Signature: _____
Print Name: _____

Date: _____
Initials: _____

Witness Signature: _____
Print Name: _____

Date: _____
Initials: _____

SECTION 6 – ACKNOWLEDGEMENT

The Marino Project is a non-profit organization and relies on donations to train our service dogs. It takes approximately two years to train a service dog and the cost for this training to the Veteran is \$0. Due to each dog trained costing TMP up to \$10,000, The Marino Project must have the best interest of the service dog in mind when placing that service dog with a Veteran. Applicants are not required to participate in any fundraising or public relations activities without their expressed and voluntary involvement. Therefore, The Marino Project reserves the right to approve/deny a Veteran at any stage of the process in acquiring a Victory Service Dog. We also reserve the right to remove a placed dog that was matched to a client if it is deemed necessary by staff. While TMP does not anticipate any of the above-mentioned problems, we must inform all applicants of these possibilities.

I have read the above release and am aware of its contents.

Required* Signature: _____
Print Name: _____

Date: _____
Initials: _____

Required* Witness Signature: _____
Print Name: _____

Date: _____
Initials: _____

Signatures must be hand signed and not electronically

SECTION 7 – CONFIDENTIALITY

The Marino Project is fully committed to maintaining the confidentiality of all applicants who seek our assistance. We understand and respect the sensitivity of the information shared with us throughout the application process. All personal, medical, and military information provided by applicants will be treated with the utmost confidentiality and will only be accessed by authorized personnel directly involved in the evaluation and processing of applications. We adhere to strict protocols and procedures to ensure that applicant information is safeguarded against unauthorized access, disclosure, or misuse. At no point will applicant information be shared with third parties without explicit consent, except as required by law or in cases where disclosure is necessary to ensure the safety and well-being of the applicant or others. We are dedicated to creating a safe and trusting environment for all applicants, and maintaining confidentiality is fundamental to achieving this goal. If you have any questions or concerns, please bring them to the attention of TMP staff.

Required* Signature: _____

Date: _____

Print Name: _____

Initials: _____

Signatures must be hand signed and not electronically.

End of Application

By submitting this application, you are validating that the above information is truthful and honest to the best of your knowledge.

Application materials are confidential. Your written application and supplemental materials are considered the property of The Marino Project.

Applicants will receive a notification by phone and/or email regarding their eligibility after the **entire application** packet is received and reviewed by The Marino Project Service Dogs, Review Committee.