



**Assistance Dogs**  
INTERNATIONAL

**Candidate Application Packet**

PLEASE TYPE OR PRINT NEATLY. ALL FIELDS MUST BE COMPLETED. CONTACT INFORMATION MAY BE POSTED TO ADI WEBSITE.

Program: \_\_\_\_\_ Year founded \_\_\_\_\_

Executive Director (or equivalent): \_\_\_\_\_

Executive Director's Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Executive Director's Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Physical Address:

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address:     \_\_\_ Same as above, or

\_\_\_\_\_  
\_\_\_\_\_

Program Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

TDD (if applicable) : \_\_\_\_\_ Toll Free (if applicable): \_\_\_\_\_

E-mail:

\_\_\_\_\_

Website: \_\_\_\_\_

Facebook: \_\_\_\_\_

Twitter: \_\_\_\_\_ Other: \_\_\_\_\_

Program Name: \_\_\_\_\_

**NOMINATION APPLICATION QUESTIONS**

**Please answer all questions fully.**

**Enclose separate paper if needed referencing question number.**

**GENERAL:**

1. Please describe the reasons why the program seeks to become a Candidate.

2. Do you have a program Business Plan that has been approved by your Board of Directors? (Business Plan should include: an Executive Summary, Services and Programs, Management Team, Market Analysis, and Financial Plan)

3. Please list all geographical areas served by the program (State/Province):

4. Location of Program's Headquarters and all Satellite Office(s)/Training Center(s) (State/Province) (if applicable):

5. Please check the types of dogs your program trains:

Service  Hearing  Guide  Facility  Social/Companion

Other: \_\_\_\_\_

Types of Service Dogs:    Mobility    Seizure    Psychiatric    PTSD    Autism    Diabetic

Other types of *service dogs*: \_\_\_\_\_

Program Name: \_\_\_\_\_

6. Please indicate below the number of dogs your program placed during the prior calendar year. (January 1<sup>st</sup> to December 31<sup>st</sup>):

Mobility Service: \_\_\_\_\_ Hearing: \_\_\_\_\_ Guide: \_\_\_\_\_ Facility: \_\_\_\_\_

Seizure: \_\_\_\_\_ Psychiatric: \_\_\_\_\_ PTSD: \_\_\_\_\_ Autism: \_\_\_\_\_ Diabetic: \_\_\_\_\_

Companion/Skilled Home: \_\_\_\_\_

Other: \_\_\_\_\_

7. Please indicate below the TOTAL number of active assistance dog teams, and Social/Companions your program supports in the prior calendar year. (January 1<sup>st</sup> to December 31<sup>st</sup>): (Must have a minimum of 5 active teams-guide, hearing, or service dogs)

Mobility Service: \_\_\_\_\_ Hearing: \_\_\_\_\_ Guide: \_\_\_\_\_ Facility: \_\_\_\_\_

Seizure: \_\_\_\_\_ Psychiatric: \_\_\_\_\_ PTSD: \_\_\_\_\_ Autism: \_\_\_\_\_ Diabetic: \_\_\_\_\_

Companion/Skilled Home: \_\_\_\_\_

Other: \_\_\_\_\_

8. How many paid staff members are in your program?

Full-time: \_\_\_\_\_

Part-time: \_\_\_\_\_

9. How many volunteers are active in your program (approximately):

10. Does your program utilize a Prison Training Program? How many locations? Names and addresses of the prison programs?

11. What is your annual budget? \_\_\_\_\_

Program Name: \_\_\_\_\_

**DOG TRAINING:**

12. Does your program provide owner-trained assistance dog placements?

Yes  No

If the answer is "Yes", please describe your program's process for training owner-trained teams.

13. How many months, on average, does your program spend training your dogs from puppy to placement with each type of assistance dog your program places (if amount differs based on type of assistance dogs trained, please outline the number of months, on average for each type of assistance dog):

14. Describe the skill level of fully trained assistance dogs from your program: (Include a list of tasks trained per placement type)

15. How many dog trainers (staff and/or volunteers) do you have working with the dogs? What are their qualifications and experience?

**CLIENT TRAINING:**

16. Are your program's clients responsible for any fees and/or fundraising for your program?

Yes  No

If the answer is YES, please explain the requirements and process:

Program Name: \_\_\_\_\_

17. Describe your training process when placing a new assistance dog with a client. What required skills must that the team demonstrate? How much time does the program spend training the client with their new assistance dog? Where is the training conducted?

18. What are your program's graduate team follow up procedures and timelines for your assistance dog teams? Please attach any follow up evaluation or information forms required by the program.

**OTHER**

19. What other information would the program like for ADI to consider in reviewing your Candidate Application?

20. Does the program adhere to ALL Summary of Standards and Requirements for Candidates?

Yes     No

If the answer is NO, please explain:

Program Name: \_\_\_\_\_

By signing below, the Signers attest on their own behalf and on behalf of the program:

- All information provided in this Candidate Nomination Application Packet and ALL required documentation and materials are true and correct.
- I have read the ADI Minimum Standards and Ethics Requirements and the program is in full compliance.
- I understand that failure to adhere to the requirements of Candidacy in ADI, including without limitation the ADI Standards and Requirements, will result in immediate revocation of Candidacy from ADI. I understand that such determination is made in ADI's sole discretion.
- I understand that if the program's Candidate status is revoked for any reason, all support from ADI will immediately cease.
- I understand that if the program's Candidate status is revoked for any reason, all mention of ADI affiliation in program's materials, website and any other public documentation must be immediately removed.
- I understand that if the program's Candidacy is revoked, the program will be eligible for nomination again no sooner than two years after revocation of candidacy.
- I understand that all fees of any type paid to ADI are non-refundable.

Signature Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Board President: \_\_\_\_\_ Date: \_\_\_\_\_

Board President Name (please print): \_\_\_\_\_

Board President Phone Number: \_\_\_\_\_

Board President E-mail Address: \_\_\_\_\_

Program Name: \_\_\_\_\_

**Candidate Application Non-refundable Processing Fee**

**\$500 (all payments in US Dollars)**

**Form of Payment**

Check # \_\_\_\_\_ Money Order # \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Please enter the information exactly as it appears on your credit card statement

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three Digit code on back of card: \_\_\_\_\_

Signature X \_\_\_\_\_

Print Name as it appears on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

For Office Use Only:

Date of Receipt of Nomination Packet: \_\_\_\_\_

Payment Received: \_\_\_\_\_

Packet complete: \_\_\_\_\_

Receipt of Nomination Application letter sent: \_\_\_\_\_

Nomination Review assigned to: \_\_\_\_\_

Nomination Review recommendation: \_\_\_\_\_

Nomination Review Committee recommendation: \_\_\_\_\_

Board Review and approval/denial: \_\_\_\_\_

Letter sent: \_\_\_\_\_

Contact information posted to website: \_\_\_\_\_

Program Name: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING CHECKLIST AND ENCLOSE IT WITH YOUR NOMINATION APPLICATION PACKET:

In order for your Candidate Nomination Application Packet to be complete, it must contain:

	Candidate Nomination Application – fully completed and signed by Executive Director and President of the Board of Directors
	Nonrefundable Processing Fee (\$500 US Dollars)
	Proof of program’s nonprofit and/or charitable status. (for example, an IRS Determination Letter)
	Mission Statement
	Copy of Program’s Business Plan
	Current Annual Budget and Financial Statement
	Organization’s Complaint or Grievance Policy
	Letter from Board President in support of the Candidate Application
	List of board members including their occupations
	Completed Letter of Recommendation Form from an existing ADI Accredited Member in a sealed envelope* OPTIONAL – Request a Site Visit and Interview with a member of the Candidate Review Committee.
	Reference Letter from assistance dog client (who has worked with their assistance dog successfully for a minimum of one (1) year) (1 of 3 reference letters)
	Reference Letter from assistance dog client (who has worked with their assistance dog successfully for a minimum of one (1) year) (2 of 3 reference letters)
	Reference Letter from assistance dog client (who has worked with their assistance dog successfully for a minimum of one (1) year) (3 of 3 reference letters)

**The Candidate Application Packet, ALL required documentation, and \$500 USD nonrefundable processing fee must be completed and sent electronically to**

**Chris Diefenthaler, Executive Director at:**  
[chris@assistancedogsinternational.org](mailto:chris@assistancedogsinternational.org)