



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 1st to December 31st):

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 1st to December 31st): (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 Standard 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 Summary Standards and the program is in 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: _____

Email to Send Receipt: _____

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:

<input type="checkbox"/>	Candidate Application – fully completed and signed by Executive Director and President of the Board of Directors
<input type="checkbox"/>	Nonrefundable Processing Fee (\$500 US Dollars)
<input type="checkbox"/>	Proof of program’s nonprofit and/or charitable status. (for example, an IRS Determination Letter)
<input type="checkbox"/>	Mission Statement
<input type="checkbox"/>	Copy of Program’s Business Plan
<input type="checkbox"/>	Current Annual Budget and Financial Statement
<input type="checkbox"/>	Organization’s Complaint or Grievance Policy
<input type="checkbox"/>	Letter from Board President in support of the Candidate Application
<input type="checkbox"/>	List of board members including their occupations
<input type="checkbox"/>	Completed Letter of Recommendation Form from an existing ADI Accredited Member *OPTIONAL – Request a Site Visit and Interview with a member of the Candidate Review Committee.
<input type="checkbox"/>	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)
<input type="checkbox"/>	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)
<input type="checkbox"/>	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 Shannon Chaney, Candidate Program Coordinator at: shannon@assistancedogsinternational.org