



## Candidate Nomination 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 (as you want it listed on ADI website): \_\_\_\_\_

Physical Address:

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

Mailing Address:                      Same as above, or

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

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

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

E-mail: (please use the email address you would like to be listed on the website):

\_\_\_\_\_

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      Animal Assisted Therapy(AAT)

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: \_\_\_\_\_

Animal-Assisted Therapy (AAT): \_\_\_\_\_ Social/Companion: \_\_\_\_\_

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

7. Please indicate below the TOTAL number of active assistance dog teams, AAT and Social/Companions your program supports in 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: \_\_\_\_\_

Animal-Assisted Therapy (AAT): \_\_\_\_\_ Social/Companion: \_\_\_\_\_

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?  
(Circle)      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?  
Circle:    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 Nomination Application?

20. Does the program adhere to ALL of the Minimum Standard and Ethics Requirements for Candidates?

Circle:    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 Minimum Standard and Ethics 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 Nomination Application Non-refundable Processing Fee**

**\$150 (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
	Candidate Nomination Application Processing Form
	Nonrefundable Processing Fee (\$150 US Dollars)
	Proof of program’s nonprofit or charitable status. (for example, an IRS Determination Letter)
	Mission Statement
	Copy of Program’s Business Plan
	Current Annual Budget
	Letter from Board President in support of the Candidate Nomination
	List of board members and occupations
	Completed Letter of Recommendation Form from an existing ADI Accredited Member in a sealed envelope
	Reference Letter from assistance dog client (who has worked with their assistance dog successfully for a minimum of one (1) year) in a sealed envelope. (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) in a sealed envelope. (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) in a sealed envelope. (3 of 3 reference letters)

The Candidate Nomination Packet, ALL required documentation, and \$150 USD nonrefundable processing fee must be completed and sent to:

**Assistance Dogs International**  
**PO Box 276, Maumee, OH 43537-0276**





## ADI CANDIDATE NOMINATION LETTER OF RECOMMENDATION FORM

The Board of Assistance Dogs International (ADI) requires all nonprofit programs applying for Candidate Status with ADI to receive a letter of recommendation from an ADI Accredited Member program. Please complete this form to the best of your ability based on your knowledge and experience with the potential candidate program.

1. How long have you known this program?
2. What is your relationship with this program?
3. Are you giving this recommendation in a personal or professional capacity? If you provide professional services to this program, please tell us your profession and in what capacity.
4. Do you feel able to comment on the welfare of the dogs in the program's care? If yes, please give us your impressions.
5. Have you had contact with the program's clients and/or graduates? If yes, please give your thoughts on the views expressed to you by them.
6. Has the program indicated they are aware of and committed to the ADI Minimum Standards and Ethics?
7. Have you ever visited the program's headquarters and training facility(ies)? If yes, please give us your impressions.
8. Although not required, would your program consider mentoring this potential Candidate program?

Signature \_\_\_\_\_ Date \_\_\_\_\_

Your name and title \_\_\_\_\_

Name of your program \_\_\_\_\_

Your Phone number \_\_\_\_\_ Your Email address \_\_\_\_\_