



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 1st to December 31st):

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 1st to December 31st):

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 revenue?

Program Name: _____

DOG TRAINING:

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

Check: 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 ADI Standards and requirements for Candidates?

Check: 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

\$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
	Candidate Nomination Application Processing Form
	Nonrefundable Processing Fee (\$500 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. *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) 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 \$500 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 _____