



A Division of BC Guide Dogs

VICD Service Dogs

A Division of BC & Alberta Guide Dogs

Registered Canadian Charity Number: 89131 1763 RR0001

APPLICATION P1

CONFIDENTIAL APPLICATION PROCESS

STEP #1 Apply

1. Complete and submit the attached application form.
2. Attach a letter from a psychologist and /or psychiatrist confirming your diagnosis of PTSD, their summary of care and their recommending you for the program.

Applications & referral letter can be scanned and emailed to: info@vicd.ca, or mailed via Post.

STEP #2 Interviews

Once the application, psychologist/psychiatrist letter and care summary are received, an in-person information session is arranged.

At the time of the information session, please bring your Veteran/First Responder Service Identification (i.e. Blue Cross, VAC Card).

STEP #3 Home Visit

To complete the application process, two VICD representatives will come to your home and meet with all the members of your household to review the program and assess your home for suitability for a VICD Service Dog.

Application Policy

This includes (CRC Vulnerable Sector, Proof of Service, Summary of Care, Psychologist and/or Psychiatrist referring letter).

- I. Applicants are notified that VICD has received their applications within 5 business days upon receipt.
- II. Applications are reviewed by our Director of Mental Health and the Client Services Team in a weekly Client Services Team meeting.
- III. Once Applications are reviewed and accepted VICDs Mental Health Director sends the applicant a Questionnaire as well as our Frequently asked Questions form for further program clarification. If the application is denied clients will be contacted by phone or email within 30 days of receipt of application.
- IV. All accepted applicants in Queue are invited to attend a monthly dog experience until they are formally accepted into the program.

Application submission does not guarantee acceptance into the program.



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APPLICATION P2

GENERAL INFORMATION

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Residence Address: _____ City: _____ Prov _____

Postal Code: _____ Home Phone _____ Cell Phone: _____

email _____ Date of Birth: _____

Emergency Contact (local): _____ Relationship to you: _____

Emergency Contact Phone _____ Emergency Contact Cell: _____

Are you a Veteran: YES NO Are you transitioning out of the Military: YES NO

Are you presently working: YES NO If yes, how many hours per week do you work: _____

Do you have a diagnosis of PTSD?: YES NO When was initial diagnosis (date)?: _____

How did you hear about VICD Service Dogs:

Veteran Affairs - list location: _____ Referred by (name): _____

Other: _____

At this time VICD will not be accepting personal dogs into the program. All accepted applicants will be provided a dog by VICD

Do You Have any Allergies? Please list: _____

Do you have any physical challenges that VICD should be aware of? _____

Please describe how your PTSD affects your life and your current level of independence: _____



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APPLICATION P3

GENERAL INFORMATION

Do You Rent or Own: Own Rent

Home Type: Apartment House Condo Assisted Living

If you are renting you will need to provide VICD with a written consent letter, from your Landlord, allowing you to have a dog. Please ensure that a phone number for the Landlord is included.

People in Home: Adults _____ Children: _____ Ages: _____

Fenced Yard: YES NO

Are there other animals in the household: YES NO If yes, please list: _____

Do your animals get along with other dogs: YES NO

Please tell us how a VICD Service Dog will help change your life: _____

In order to qualify for consideration for this program, you must be referred by a Psychiatrist/Psychologist or a Master Level Clinician (referral agent). Please attach a medical letter signed by your referral agent on their letter head, stating you have a diagnosis of PTSD and need/require or would benefit from having a Service Dog.

As part of the application process there are forms that the referral agent needs to fill out. Please refer them to the VICD website for information for Professionals. (bcandalbertaguideds.com/vicd)

As the program can be demanding, VICD requires you to be seeing your psychologist/psychiatrist or clinical counselor at least twice a month for support while going through the program. By affixing your signature below you are authorizing VICD permission to communicate directly with your referral agent and the terms mentioned above.

Signature: _____ Date: _____