



The Cohasset Working Dog Foundation

SERVICE DOG APPLICATION

Please note that our Service Dog Grants are available to permanent residents of the Town of Cohasset, Massachusetts who have resided in the community for a minimum of one year.

Name: _____ Date: _____

Last First M.I.

Address: _____ Phone _____

Street address

Apt/Unit #

Cohasset Massachusetts 02025

Occupation: _____

Are you a veteran? _____ Is your disability service-related? _____

Employer: _____

Have you discussed this application with your employer? _____

Will your Service Dog accompany you to work each day? _____

Are you a student? _____ School Attending: _____

Grade level: _____

If you are a student, have you discussed this application with your school's administration? _____

Will your Service Dog accompany you to school each day? _____

Do you have an assigned classroom aide? _____

With whom do you live? _____

Do you own or rent your home? _____

Send to: The Cohasset Working Dog Foundation
PO Box 45, Cohasset, MA 02025
Or Email: info@Cohassetworkingdog.org
We are a 501(c)(3) public charity.

Are there currently pets in your home? _____
What kind and how many? _____
Is your yard fenced? _____ (Note: many providers will not accept invisible or electronic fence containment)
Who is responsible for your pet's care? _____

What is your primary means of transportation? _____
Do you drive? _____
Parent or Guardian's name (if a minor) _____
Address: _____
Phone _____. Email: _____

Have you applied for a service dog through a providing agency? _____
Name of agency: _____
Additional information if more than one agency: _____

What is the status of your application? Pending: _____ Approved _____
What is your total fundraising goal? _____

What is the nature of your disability? _____
What caused your disability and at what age? _____
Please list any secondary disabilities _____

What specific tasks will you need a service dog to be trained to perform for you? _____

Has your physician recommended a service dog? _____
Do you have a preference on size or breed of service dog? _____
Do you or does anyone in your home have pet allergies? _____
Do you use any of the following medical devices?
Prosthesis Wheelchair Walker Leg Brace Hearing Aids Crutch/cane
Electric Wheelchair Feeding Apparatus Other _____

Please provide an overview of your health and family situation, including activities you enjoy and reasons why you feel a service dog might benefit you.

Who will be responsible for the daily care, feeding, toileting, grooming and regular veterinary care of your service dog? _____

Are you able to provide for the costs of your dog's food, grooming and veterinary care? Yes _____ Will need assistance _____ No _____

Who will care for your dog if you are hospitalized? _____

Will you need assistance with in-service training after placement? _____

Are you familiar with the Americans with Disabilities Act as it relates to Service Animals? <https://www.ada.gov/resources/service-animals-2010-requirements/>

Please provide an overview of your health and family situation and reasons why you believe a service dog might benefit you. _____

The Cohasset Working Dog Foundation makes every effort to use its limited funds in the most responsible manner possible. Our mission is to facilitate the pairing of highly trained service dogs with disabled Cohasset residents to enhance their independence and quality of life. Our goal is a successful, mutually beneficial and long partnership between dog and handler. Further, we strive to ensure that such pairing is an appropriate accommodation for the recipient's disability and is in the best interest of the service dog, the handler and handler's family. Grants are awarded after careful consideration and objective examination of all factors and with the approval of the foundation's Board of Directors. The Cohasset Working Dog Foundation does not discriminate on any basis whatsoever.

Applicant: _____. Date: _____

Parent or Guardian if under 21: _____ Date: _____

Received: _____ Approved: _____ Declined: _____

Signed: _____

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