

APPLICATION FOR SERVICE DOG ASSISTANCE

ADAM KLEIN CHAPTER #3, DISABLED AMERICAN VETERANS

P.O. Box 915

Bismarck, ND 58502-0915

(PLEASE TYPE OR PRINT LEGIBLY)

APPLICANT INFORMATION

Name		Social Security Number	
Address		Telephone Number	
City	State	Zip Code	email address

SERVICE DOG INFORMATION

Name of dog		Date assigned		
Organization that provided the dog		Organization Telephone Number		
Organization address		City	State Zip Code	
Name of store where service dog food and supplies are purchased		Estimated annual cost of service dog food and supplies		Amount requested
Address of store		City	State Zip Code	

DOCUMENTATION CHECKLIST

<p>Copy of ND Driver License or state-issued ID card showing local address</p> <p>**OR**</p> <p>Copy of monthly expense bill, utility bill, or bank statement showing local address</p> <p>Copy of DD Form 214 or equivalent documentation</p> <p>Copy of graduation certificate from the service dog training organization</p> <p>Verification of PTSD rating from VA or County Veterans Service Officer</p> <p>Signature of County Veterans Service Officer _____</p>
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NOTICE TO APPLICANTS - PLEASE READ CAREFULLY

The maximum amount of assistance is \$500 annually for chapter members or \$250 annually for non-members, subject to availability of funds. A new application will be required for each calendar year. Assistance is available only to veterans of the armed forces of the United States, with character of service as honorable or under honorable conditions. Recipients must have a service-connected disability rating from the U.S. Department of Veterans Affairs for Post-Traumatic Stress Disorder, and must have home of record in southwest North Dakota. Applications will be considered monthly, or at other appropriate times as determined by the Chapter Finance Committee. Decisions of the committee are final. Applications must be complete, including proper supporting documentation. No action will be taken on incomplete applications. If approved, funds will be provided as a store gift card or other form of payment to a business enterprise that primarily sells food and supplies for animals.

APPLICANT ACKNOWLEDGMENT

I hereby certify that I am the owner of the dog listed in this application. All of the answers herein made are true and I have not withheld any information. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENT OF MATERIAL FACT MADE BY ME IN THIS APPLICATION MAY RESULT IN DENIAL OF ASSISTANCE. I further understand that I may receive monies from this fund only once per calendar year.

Applicant Signature (original ink only - facsimile or digital signatures will not be accepted)	Date
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