



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:
assistant@bcguidedog.com or mailed to the BC Guide Dogs Head Office
7061 Ladner Trunk Road, Delta, BC V4K 3N3

STEP #2 Interviews

Once the application, psychologist/psychiatrist letter, prescriber guidelines and care summary are received, an 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 and Anderson Prescriber Guidelines.

We are currently accepting applications from injured Veterans, RCMP & First Responders.

1. Applicants are notified that VICD has received their applications within 5 business days upon receipt.
2. Applications are reviewed by our Director of Mental Health and the Client Services Team in a weekly Client Services Team meeting.
3. Once applications are reviewed and accepted a VICD representative sends the applicant an invitation either a zoom or in person info session for further program clarification.
If the application is denied clients will be contacted by phone or email within 30 days of receipt of application.
4. 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.

At this time VICD will not be accepting personal dogs into the program. All accepted applicants will be provided a dog by VICD that was purpose bred, raised and trained for service work.



VICD Service Dogs

A Division of BC & Alberta Guide Dogs
Registered Canadian Charity Number: 89131 1763 RR0001

A Division of BC Guide Dogs

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 a First Responder: YES NO

Are you transitioning out of your Service Role: 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:

Do you have any allergies? YES NO

Please list:

Do you have any physical challenges that VICD should be aware of? YES NO

Please list:

Please describe how your PTSD affects your life & your current level of independence?



VICD Service Dogs

A Division of BC & Alberta Guide Dogs

Registered Canadian Charity Number: 89131 1763 RR0001

A Division of BC Guide Dogs

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. 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. (www.bcandalbertaguidedogs.com/vicd)

As the program can be demanding, VICD requires you to be seeing your psychologist/psychiatrist or clinical counselor monthly 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: _____