



Dogs Helping Heroes – First of Three Personal Reference Forms for Applicants

Instructions to Applicant: Please provide your name, then send the form AND a stamped, pre-addressed envelope (made out to Dogs Helping Heroes, Inc. at the address below) to the person who will be completing the form. It must be filled out by an individual who is familiar with you but who is NOT related to you or with whom you cohabitate.

Name of Applicant _____

Instructions to Respondent completing the form: The above-named individual is applying to get a service dog from Dogs Helping Heroes, Inc. (“DHH”). Please answer all questions to the best of your ability and return the form to DHH in the enclosed envelope.

NOTE: Your responses will be held in CONFIDENTIALITY and shared only with DHH’s agents, representatives or advisors for purposes of determining Applicant’s qualifications for a service dog, and will not under any circumstance be provided to the Applicant.

1. How do you know the applicant? _____
_____.
2. How long have you known the applicant? _____ (Months/Years)
3. What is your relationship to this applicant? Friend ; Co-Worker ; Other (please explain _____)
4. Do you believe this applicant has good communication skills? Yes ; No .
Explain: _____

_____.
5. Do you believe this applicant to be of sound mind and able to exercise good judgment? Yes ; No . Explain: _____

_____.
6. Do you believe applicant has the ability to provide essential control and care for a service dog? Yes ; No . Explain: _____

_____.
7. Do you believe this applicant has the ability to provide for the emotional needs of a service dog? Yes ; No . Explain: _____

_____.



8. Do believe this applicant has the ability to work safely in public with a service dog? Yes ;
No . Explain: _____

_____.

9. Please comment on the moral character and integrity of this person, or any other factor you believe is relevant for our purposes and the ultimate safety and wellbeing of the applicant and the service dog. _____

_____.

Printed Name/Title

Date

Signature

(____) _____ - _____
Phone

Please mail this completed form directly to: Dogs Helping Heroes, Inc., P.O. Box 2126, Clarksville, Indiana 47131; or scan and email as pdf attachment to: adresa@dogshelpingheroes.org.