



Forever In My Heart Foundation
476 Main St,
Middletown, CT 06457
foreverinmyheartfoundation.org
860-490-2170

Child Application Cover Sheet

Name: _____

Please update any information that may have changed since you submitted your initial application, if N/A just skip.

Name _____ Parent/Guardian (please circle)

Street Address _____

City _____ State _____ Zip _____

Home phone (____) ____ - ____ Cell (____) ____ - ____ Other (____) ____ - ____

Email Address _____

Preferred method of contact _____

Name _____ Parent/Guardian (please circle)

Street Address _____

City _____ State _____ Zip _____

Home phone (____) ____ - ____ Cell (____) ____ - ____ Other (____) ____ - ____

Email Address _____

Preferred method of contact _____

The following items/documents are required to be included in the Packet Submission. For the documents listed below, please ensure that all information is complete and that all documents are signed and initialed in the appropriate spots (both parents/guardians must initial/sign all documents). If something is non-applicable, please just write N/A in the spot so we know that you have not missed something. Please mark an X when complete and attached all documents. Full packet can be scanned and email to:

info@autismassistancedog.com, or mailed to the above address, please put Attn:

Service Dog Department.

____ Photo of your child (can be alone or with your family)

____ Video (minimum of 15 minutes)

____ Family Commitment Letter

____ Script from Primary Physician

____ 5-day log (Need 5 days in a row, including 2 days of the weekend)

____ Veterinarian Reference

____ 3 Letters of Reference (Sealed and mailed to Highland Canine Training)

____ Letter of Reference (one needs to be from a Therapist/Doctor (on letterhead))

____ Letter of Reference

____ Letter of Reference

____ Environmental Checklist

Date: _____

Parent/Guardian Signature _____ Signature _____