



LaSalle County Veterans Assistance Commission

Service Dog Assistance Application



Program Information

Paws for Veterans is designed to help offset cost of Service Dog training. Paws for Veterans will pay up to \$200 for start-up fees and \$100 per month for **4** months of training. If the Veteran has already started with a partner program, the Veteran is eligible to receive \$100 per month for **6** months of training only. Checks will be mailed to the partner program, as per the agreement. If the Veteran goes into debt to or otherwise is unable to pay the remainder per month- an agreement can be made with the partner, or if informed and necessary, the training program will end, and the Paws for Veterans benefits will stop. If the Veteran has an unforeseen circumstance arise and they have discussed with the partner, the Veteran will be able to end the program, with no debt to them and Paws for Veterans benefits will end. The Veteran **MUST** provide a letter stating the circumstances and that they wish to be released from the program, have it signed by the partner and given to LaSalle County Veterans Assistance Commission.

Eligibility Requirements

General Eligibility Requirements

The applicant must be a Veteran of one of the 6 branches of the military with an honorable/under honorable conditions discharge. Applicants **MUST** reside in LaSalle, Bureau, or Putnam Counties. Other counties **MAY** be considered on a case-by-case basis. Applicants must be able to care for and cover the cost of the dog's basic daily needs, veterinary needs and extended needs including exercise and enrichment. The applicant must have the cognitive ability and working memory necessary to coordinate care for the dog, learn and implement a complex sequence of commands paired with physical redirection. Applicants for Paws for Veterans must have received documentation of diagnosis of a disability/disabling condition and have a letter from a physician stating that they would benefit from having an assistance dog.

PTSD Assistance Dog

Veterans applying for Paws For Veterans benefits under the diagnosis of PTSD, must be connected to and receive the on-going support of a mental health provider at the Veterans Administration or another mental health provider. A diagnosis of PTSD must have been made by a mental health professional and they **MUST** have a letter stating that the Veteran would benefit from having a service animal and that they are receiving treatment. PTSD dogs can reorient a client to time and place, reduce anxiety, intervene during nightmares and night terrors, increase confidence in public spaces, and provide a social bridge for positive interactions in the community.



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Income Requirements

Veterans enrolled will have no more than 300% of the Federal Poverty Level with no more than \$2000/per dependent in assets (not including home/auto). Those figures can be found at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. Veterans with more than one person in the home will be considered for those that are dependents only. Dependents include Spouse and Children (under 18). Veterans will need to present a current bank statement along with those of all dependents 18 and older at the initial time of application.

Required Documents

- DD214
- Letter from Physician
- Bank Statement
- Signed Agreement from Paws For Veterans Program Partner

Please complete the attached application and submit, along with the required documentation. Paws for Veterans will inform you via email/phone of your acceptance/denial of assistance and requires that any Veteran enrolled in the program, check in monthly (after the 1st but prior to the 15th of the month) with either a phone call/email stating that they are still enrolled, and assistance is still necessary. If the Veteran fails to call in-assistance will not be sent. If, for any reason, income/dependency changes, Veterans MUST report the new information to the LaSalle County Veterans Assistance Commission immediately.

** All payments will be submitted on the 15th of each month (exception of weekends/holidays). The payment will be for the upcoming month and will be added to the Veterans program fee bill with the partner program. Payments do not cover previous balances due. **

If you have any questions regarding the Paws For Veterans program, please contact the LaSalle County Veterans Assistance Commission at: 815-433-1761.



LaSalle County Veterans Assistance Commission

Veteran Information

Veteran Name: _____

Branch of Service: _____

Email: _____

Phone: _____

Number of Dependents: _____

Partner Program Name: _____

Start Date: _____

I _____ fully understand the terms of this program and agree to abide by them and those of the partner program.

Signature

Date



To be completed by LaSalle County Veterans Assistance Commission:

- NEW START: \$200 start-up / \$100 per month (4 months)
- PREVIOUSLY STARTED: \$100 per month (6 months)



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Certification of Enrollment from Partner Program

I have enrolled _____ into our Service Dog Training Program at _____ with a start date of _____.

I agree to accept the terms of this program and to receive checks from LaSalle County Veterans Assistance Commission. I understand that checks will be issued the 15th of every month (excluding weekends/holidays). I understand that checks are to be applied to the upcoming month but do not cover previous balances due. If at any time I feel that the Veteran is not able to continue with our program, I will inform the LaSalle County Veterans Assistance Commission immediately. If a Veteran is unable to continue due to unforeseen circumstances and presents just cause, I will accept a letter of relief from the Veteran and no longer put them in debt to the program. I will make every effort to work with the Veteran and their circumstances, but, if necessary, will contact the LaSalle County Veterans Assistance Commission and inform them of untimely/failed co-payments, causing the Paws For Veterans benefits to be put on hold or cease. If I have any questions regarding the benefits of Paws For Veterans, I will contact the office at 815-433-1761.

Name

Signature

Program Address





LaSalle County Veterans Assistance Commission

Program Phone

Agreement - Counties with Established VAC

We the Veterans Assistance Commission of _____ County agree to reimburse the Veterans Assistance Commission of LaSalle County for our Veterans use of their Service Dog Assistance Program, Paws For Veterans. We understand that we are to pay the amount of _____ for start-up cost and _____ per month for _____ months. We understand that these checks are written on the 15th of every month and Veterans are to certify between the 1st and 14th of every month with a phone call/email to LaSalle County VAC.

We will issue checks for reimbursement no later than the 15th of every month to the LaSalle County VAC and if at any time we fail to reimburse – the Veteran enrolled will be put on a pause with the program until payment is received. Continued failed payments will lead to the Veteran no longer being allowed to get benefits from the Paws for Veterans program.

We understand that only 2 Veterans are accepted at a time from outside counties and will monitor the progress of our Veteran enrolled. If a Veteran leaves the program, we will inform the LaSalle County VAC immediately and have it in writing as to the reasoning, signed by the Partner Program. If we have any questions regarding the benefits of Paws For Veterans, we will contact the office at: 815-433-1761.

Print Name

Signature

Title

Date