



Application to Foster a Service Animal in Training

Service Animals of Mississippi (SAM) is a collaborative project with LIFE of Mississippi funded by the Mississippi Council on Developmental Disabilities. If applicant is a minor, a parent or adult guardian must complete this form.

Mail completed application and two letters of reference to:

The University of Southern Mississippi
Institute for Disability Studies, SAM
118 College Drive, Box 5163
Hattiesburg, MS 39406-0001

or, Fax completed application and two letters of reference to:

Institute for Disability Studies, SAM
601.266.5114

Name _____

Address _____

City _____ State _____ Zip _____

Birthdate _____ Phone _____ Cell phone _____

Email address _____

Place of Employment _____ Work Phone _____

During school/work hours, the dog will be (select all that apply)
 with me everyday at home everyday
 with me when possible with another person (if authorized)

Work Address _____ City _____ State _____ Zip _____

Nearest Relative _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Select one: Married Single Divorced Separated Widowed

Select all that apply: Work at home Work outside home Attend school

I live in a: House Apartment Trailer Other

My home has A fenced yard An enclosed area

I live with Parents Spouse Group Alone

Number of children _____ Ages _____ Total number of residents in home _____

Describe other members in your home. _____

My other pets include: Dogs # _____ Cats # _____ Birds # _____

Describe other pets - age, size, temperament _____

Please provide us with any additional information you feel is necessary (particular information that is related to your ability to foster a service animal in training, i.e., experience with training, caring for dogs, raising dogs, etc.).

An interview and a home visit is required. You will be contacted by staff after the application has been reviewed and approved by the Advisory Council.

Project SAM, Institute for Disability Studies, The University of Southern Mississippi extends equal consideration and treatment to all persons regardless of race, color, national origin, religion, creed, gender, sexual orientation, marital status, age, or physical or mental disabilities or medical conditions.

Applicant Signature _____

Date _____

If applicant is a minor, under guardianship or conservatorship or a ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Print Name _____

Signature _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Relationship to applicant _____

Please provide two (2) letters of reference with this application. Letters of reference may come from professional or personal associates, including your employer and, or a veterinarian.

Your application will be reviewed by the Advisory Council followed by an interview and home visit before acceptance into the program.



THE UNIVERSITY OF SOUTHERN MISSISSIPPI
INSTITUTE FOR
DISABILITY STUDIES

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Please visit us on the Web at www.usm.edu/ids/sam or call 601.266.5163, Toll free/TTY 1.888.671.0051 for more information.