

INDIVIDUAL PSYCHIATRIC SERVICE DOG APPLICATIONS

LEGAL ADULT APPLICANTS ONLY. APPLICANTS MUST BE 18+. PROJECT HORTENCE IS ACCEPTING APPLICANTS FROM THE DISTRICT OF COLUMBIA AND VIRGINIA ONLY.

ORGANIZATIONS, PLEASE USE OTHER APPLICATION All Applications should be emailed to The Hortence Project through the "Contact Us" email portal.

A. PERSONAL INFORMATION

FIRST NAME :								
ENTER YOUR LEGAL FIRST NAME EXACTLY AS IT APPEARS ON OFFICIAL DOCUMENTS						STATE OF RESIDENCE		
LAST NAME :					CHECK THE BLACK BOX FOR THE STATE OF VIRGINIA	CHECK THE BLUE BOX FOR WASHINGTON, D.C.		
ENTER YOUR LEGAL LAST NAME EXACTLY AS IT APPEARS ON OFFICIAL DOCUMENTS.						☐	☐	
DATE OF BIRTH :								
	D	D	M	M	Y	Y		
MANDATORY AGREEMENT								
I AGREE THAT I AM A RESIDENT OF WASHINGTON, D.C OR THE STATE OF VIRGINIA ☐								
K-9 TRAINING REQUEST :	☐	PTSD	☐	ED related	☐	Anxiety	☐	Other Disorder training
E-MAIL (REQUIRED) :								

B. AGREEMENTS AND FINANCIAL WAIVER APPLICATION

By checking this box, I acknowledge that I have read, understood, and answered the questions on this form Parts A. and B. truthfully

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By checking this box, I agree to the releasase of the information on this form to The Hortence Project

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You may be eligible for a complete fee waiver through The Hortence Project if you meet one or more of the following criteria:

You are unhoused or homeless.

You are a veteran of the United States Military.

Your annual income falls within the income eligibility guidelines set by the USDA Food and Nutrition Service.

You may be eligible for a partial fee waiver through Project Hortense if you meet one or more of the following criteria.

You are a currently enrolled college student.

You make less than \$50,000 USD per year.

You are currently paying off student loans.

UNDER THE CONDITIONS LISTED ABOVE, I AM ELIGIBLE FOR: (PLEASE SELECT ONE)	COMPLETE FEE WAIVER	PARTIAL FEE WAIVER	NEITHER
	☐	☐	☐

SIGNATURE

D	D	M	M	Y	Y