

Applicant Information

Last Name: _____ Street Address: _____ State / Province: _____ Primary Phone Number: () _____ - _____	First Name: _____ City: _____ Postal Code: _____ Date of Birth: ____ / ____ / ____
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1. Household Information

2. _____ 3. Number of People Residing in Household: _____ 4. Diabetics Residing in the Household: _____ 5. Adults(s): _____ Age(s): _____ Diabetes Type: _____ 6. Children: _____ Age(s): _____ Diabetes Type: _____ 7. Pet(s): Y / N Dogs: _____ Cats: _____ 8. Please Describe: _____	9. _____ 10. Currently Taking Insulin? ___ Yes ___ No 11. Primary Physician: _____ 12. Annual Household Income: 13. Less than \$25,000 14. Greater than \$25,000 / \$50,000 / \$100,000 15. # Years as a Diabetic: _____
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Please describe how a Diabetic Alert Dog would improve the quality of your life.

Please share your story on an attached and preferably typed summary.

Signature: _____ **Date:** ____ / ____ / ____

