

## ASSISTANCE DOG SPECIAL ALLOWANCE (ADSA) APPLICATION

California Department of Social Services - ADSA Program  
744 P Street, M.S. 8-16-94, Sacramento, CA 95814  
Phone (916) 657-2628 / TTY (916) 651-6248

1. Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
4. Residence address if different from mailing address: \_\_\_\_\_  
\_\_\_\_\_
5. Area code & phone number: ( \_\_\_\_\_ ) \_\_\_\_\_
6. Are you receiving:     IHSS (In-Home Supportive Services)  
       SSI/SSP (Supplemental Security Income/State Supplementary Payment)  
       CAPI (Cash Assistance Program for Immigrants)
7. Disability and type of assistance dog (check one):  
 Blind with guide dog     Deaf with signal dog     Other with service dog  
 If you checked "Other with service dog" provide a brief description of your physical disability below:  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Dog's name: \_\_\_\_\_ Date Acquired: \_\_\_\_\_  
 Age: \_\_\_\_\_                      Weight: \_\_\_\_\_                      Breed: \_\_\_\_\_
9. What person or school trained the dog?  
 \_\_\_\_\_
10. What service(s) does the dog provide? Be specific as to how the service(s) relate to your physical disability.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**See reverse side**

I declare under **penalty of perjury**, subject to the prosecution as the crime of perjury under the Penal Code, that the information given on this application is true and correct. I also understand the state California Department of Social Services may verify the information given on this application and I hereby consent to this verification.

Applicant signature: \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Signature and phone number of person witnessing applicant's mark, if applicable

The law and regulations governing this program are:  
Welfare & Institutions Code, Section 12553 and 12554  
CDSS Manual of Policies and Procedures, Section 46-430

**PAYEE AND/OR ADDRESS FOR RECEIPT OF CHECKS:**

If you want to receive your notices at the address shown on the front of this form but you want your checks mailed to a different address, please show the address you would like your checks mailed to below. If you want your check mailed to your bank, be sure to include your account number. **(Please note: This is not direct deposit.)**

Payee: \_\_\_\_\_  
(Bank)

Account #: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

State law (Welfare and Institutions Code, Section 12553) authorizes the California Department of Social Services to collect and maintain the information on this form to administer the ADSA program. This information is used only to determine initial or continuing eligibility for this program; no further transfer of information is foreseen. The disclosure of your Social Security Number is required by Title 42 U.S. Code, Section 405 and Welfare and Institutions Code, Section 12553.