

## ASSISTANCE DOG SPECIAL ALLOWANCE (ADSA) APPLICATION

California Department of Social Services - ADSA Program  
744 P Street, M.S. 6-94, Sacramento, CA 95814  
Phone (916) 657-2628 / TTY (916) 651-6248

1. Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

(If you want your checks mailed to another address or directly to your bank, see reverse side.)

4. Area code & phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

5. Are you receiving  IHSS (In-Home Supportive Services)  
 SSI/SSP (Supplemental Security Income/State Supplementary Payment)  
 CAPI (Cash Assistance Program for Immigrants)

6. Disability:  Blind  Deaf or Hard of Hearing  Disabled

7. Do you have a:  Guide dog  Signal dog  Service dog

8. Dog's name: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

What person or school trained the dog?  
\_\_\_\_\_

Their area code and phone number is:

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

What service does the dog provide?  
\_\_\_\_\_

I declare under **penalty of perjury**, subject to prosecution as the crime of perjury under the Penal Code, that the information given on this application is true and correct. I understand that the school or dog trainer named above may be called to verify these statements and I hereby consent to this verification.

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

\_\_\_\_\_  
( \_\_\_\_\_ )  
Signature and phone number of person witnessing applicant's mark, if applicable

**See reverse side**

The law and regulations governing this program are:  
Welfare & Institutions Code, Section 12553  
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.

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

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

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

Would you prefer your renewal application on a 3.5 IBM compatible floppy disk?

Yes       No

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.