



Michigan Department of Civil Rights Voluntary Service Animal Identification Application

Key considerations before applying for the Voluntary Service Animal Identification Program:

- The applicant listed must be a person with a disability, as defined by the ADA.
- The service animal must be a dog or miniature horse individually trained in specific work or tasks to mitigate the handler's disability.
- Animals whose sole function is to provide comfort or emotional support, therapy for others and/or crime deterrence are not eligible.
- The animal is fully trained, not a service animal-in-training.

If you are unsure about your **eligibility** for the program or have any other questions, please call MDCR at 1-800-482-3604 or email **MDCR-ServiceAnimals@michigan.gov** for more information **before applying**.

Applying for this program for and/or representing an unqualified animal as a service animal or service animal in-training is a misdemeanor, punishable by one or more of the following:

- Imprisonment for not more than 90 days.
- A fine of not more than \$500.00.
- Community service for not more than 30 days.

The application process is as follows:

1. To be considered for participation in the program, the applicant must complete and **submit Parts 1, 2, 3, and 4** of the application.
2. **Part 1 is Information about the Applicant and the Service Animal** and is to be completed by the **applicant, parent or guardian of the applicant**.

3. **Part 2** is the **HIPAA Compliant Medical Release Form and Healthcare or Rehabilitation Professional Information** to be filled out by the healthcare provider and returned to the applicant for submission.
4. **Part 3** is the **Applicant Affidavit** which must be signed by the applicant, parent or guardian of the applicant in the presence of a notary public. This must include the notary's original signature.
5. **Part 4** is the **Applicant Photograph**. The identification card includes a photograph (headshot) of the human applicant; thus, a photograph is required.
6. The applicant must **submit all 4 parts** to:

Michigan Department of Civil Rights
Cadillac Place, Suite 3-600
Attn: Service Animals
3054 W. Grand Blvd.
Detroit, MI 48202
7. After the department receives, reviews and approves the request, an identification card and patch will be mailed to the applicant.

NOTE:

Identification cards and patches are **not transferable** between service animals. Each new or additional service animal requires a new Voluntary Service Animal Identification Request Form. Please report any changes in applicant and/or service animal information to **MDCR-ServiceAnimals@michigan.gov** or **1-800-482-3604**.

Part 1A: Applicant Information

Applicant's Name: _____

Parent/Guardian Name (if applicable): _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail: _____

Please answer the following questions:

1. Is this service animal required because of disability?

Yes

No

Under the ADA, a "qualifying disability" is a physical or mental impairment that substantially limits one or more major life activities. For a definition of disability, see: §12102 of the Americans with Disabilities Act of 1990, as amended; 42 USC §12102; and 28 CFR §36.105.

2. What *work or task* has the animal been individually trained to perform?

The ADA defines a **service animal** as a **dog or miniature horse** that has been **individually trained** to perform work or a task that is directly related to and mitigates their handler's disability. The definition of a service animal **does not** include **emotional support, comfort, therapy animals, or service animals-in-training**.

Part 1B: Service Animal Information

Animal Type: Dog Miniature horse

Animal Name: _____

Breed: _____

Primary color(s): _____

Sex: _____ **Age:** _____ **Shoulder height:** _____ **Weight:** _____

Part 2A: HIPAA Compliant Medical Release of Patient Information

Name of Healthcare Provider: _____

I, (*print name*) _____ ,

Patient / Parent / Guardian (*CIRCLE one*),

authorize the disclosure of the following information for the purpose of reviewing and evaluating my Voluntary Service Animal Identification application. I request that the record custodian of all HIPAA covered entities for the healthcare provider above disclose the following protected medical information to the Michigan Department of Civil Rights (MDCR):

1. Affirm or deny that the applicant has a qualifying disability as defined by the ADA, refer to Part 1 of the application for more information.
2. Affirm or deny that the service animal's trained work or task(s), as reported in the healthcare provider statement, would relate to and mitigate the applicant's disability.

The healthcare provider identified above is authorized to release these records to the following representative of the Michigan Department of Civil Rights (MDCR):

ADA Compliance Division
Michigan Department of Civil Rights
Cadillac Place, Suite 3-600
3054 W. Grand Blvd.,
Detroit, MI 48202

I understand the following:

- A. I have a right to revoke this authorization in writing at any time, except to the extent that information has already been released.
- B. The information released as a result of this authorization may be re-disclosed to other parties for the purpose of assessing or maintaining the application.
- C. My treatment or payment for my treatment cannot be conditioned on signing this authorization.
- D. **A copy of this HIPAA form shall allow me to authorize the release of records requested herein. This authorization shall be in force and effect until two years from the date of execution.**

Signature of Patient, Parent / Guardian _____

Printed name of Patient, Parent / Guardian _____

Date _____

Part 2B: Healthcare or Rehabilitation Professional Information

This portion to be completed by the healthcare provider listed on the HIPAA Compliant Medical Release.

Healthcare Provider Name: _____

NPI # (10-digits): _____

Work Phone: _____ Ext: _____

Name of Hospital/Office/Practice: _____

Work Mailing Street Address: _____

City: _____ State: _____ Zip: _____

Healthcare Provider Statement:

I affirm the following statements:

1. **My patient, _____, has a qualifying disability as defined by ADA.**

A “qualifying disability” means that the applicant has a physical or mental impairment which substantially limits one or more major life activities. **Other definitions of disability, such as those used to determine social security benefits, are not applicable to this program.** For a definition of disability, see: §12102 of the Americans with Disabilities Act of 1990, as amended; 42 USC §12102; and 28 CFR §36.105.

2. My patient’s disability is mitigated by the **relevant work or task(s)** listed below that the animal has been trained to perform:

3. I have received a signed copy of MDCR’s HIPAA Compliant Medical Release Form from my patient.

Signature of Healthcare Professional _____

Printed name of Healthcare Professional _____

Date _____

Part 3: Applicant Affidavit

By signing this affidavit, I declare I am the owner, parent and/or guardian of the owner of a dog or miniature horse qualified to be a service animal as defined under the Americans with Disabilities Act of 1990 and MCL 37.301 and described in the attached application.

I am aware that falsely representing this animal as a service animal is a misdemeanor under MCL 37.307 as stated below:

Sec. 7. A person who knowingly or willingly submits a false or fraudulent affidavit under Section 3(2)(a) is guilty of a misdemeanor punishable by one or more of the following:

- a. Imprisonment for not more than 90 days.
- b. A fine of not more than \$500.00.
- c. Community service for not more than 30 days.

Applicant's Name (printed) _____

Applicant or Parent/Guardian Signature _____

Date _____

Do not sign until you are before the notary.

Notarization – REQUIRED

Because the Michigan statute calls for an affidavit, notarization is required. If this section is not completed, your application will be returned. Notaries can be found, usually at no charge, at a bank or credit union. County, city and township offices have notaries; a service fee may be charged. Michigan Department of Civil Rights offices provide notary services at no charge. **You must present your government-issued ID to the notary.**

State of _____ , _____
County

Subscribed and sworn to or affirmed before me on _____, 20 _____

Notary Public

My Commission expires _____

Part 4: Applicant Photograph Instructions

The ID card requires a **photograph of the applicant**. The photo **must** be a 2 x 2-inch color headshot taken within the last six months with a **solid or plain background** and must adhere to the standards used for passport photos; see US Passport Photo Requirements.

Photos not meeting these requirements will cause applications to be delayed or returned.

Example photo:



Submit the photograph with the completed application.