



867 Grafton St #10#2, Worcester MA 01604  
Email: [info@valiantveterans.org](mailto:info@valiantveterans.org) • [www.valiantveterans.org](http://www.valiantveterans.org)

Service Members,

Firstly, THANK YOU! Your service and sacrifices are appreciated beyond words. We also thank you for your interest in the Gunnar Center. We provide veterans who became disabled while serving our country the unique opportunity to participate in the training of their own service dog for those who struggle with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), Military Sexual Trauma (MST) and/or with limited mobility impairment. All applicants must provide a clinically verified diagnosis of PTSD, TBI or MST in order to qualify for this program. At this time we do not provide training for those with visual or hearing impairments.

We understand that this application is lengthy and time consuming, if you feel you can't complete this, our program may not be the right fit for you. We take great pride in assisting our veterans in the training of their own service dogs, but it demands your time, focus and most of all your dedication. Your honesty and accuracy in this application allows us to provide you the best possible experience with the Gunnar Center. We suggest you complete this application prior to sending it in, as those that are incomplete will be delayed and/or not accepted.

Before completing our application process, please take the time to review our program and its guidelines to ensure that the Gunnar Center is the right fit for you and your dog. We do not provide you with a dog, nor do we train your dog for you, rather the Gunnar Center utilizes the "prison pups" concept and assists its participants with the training of their own dogs for service work. It is not a guarantee that every dog will pass our certification tests, however, this program is designed with a holistic approach and to support and assist the service member beyond just providing a service dog.

Once our review team receives your application, it typically takes 3-4 weeks to make an acceptance decision. Candidates have 30 days to submit all necessary documents. Incomplete applications will not be reviewed until completed, failure to do so within 30 days will result in the need to reapply.

Congratulations on taking the next step in your "healing"!

Loving Veterans to Life!

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Amanda Sullivan- Executive Director



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## SERVICE MEMBER APPLICATION

Please submit the following required information to the Gunnar Center for application consideration:

1. Completed application
2. Official signed letter from your medical doctor, psychiatrist, psychologist or licensed mental health professional verifying your PTSD/TBI/MST diagnosis and any other mental health and or/health diagnoses relevant to program participation. **MUST BE DATED WITHIN 60 DAYS OF APPLICATION** or your application will NOT be accepted.
3. Official signed letter from your medical doctor, psychiatrist, psychologist or licensed mental health professional stating that you would benefit from a psychiatric service dog.
4. Official signed letter from your medical doctor and psychiatrist/psychologist or licensed mental health professional verifying your mental and physical fitness for participation in this program and ability to care for service dog.
5. DD Form 214 (Member- 4 ONLY)
6. If still active duty, you will need to provide command authorization
7. Initial all pages next to page number
8. Email a **CURRENT** and clear photo to [amanda@valiantveterans.org](mailto:amanda@valiantveterans.org)

Please sign and date to acknowledge you have completed the application in full. Incomplete applications will take longer to process and may be rejected if missing information is not submitted within 14 days.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please be advised that upon graduation of the Gunnar Center program, you will be required to complete recertification and all follow-up requirements.\*\***

Sign: \_\_\_\_\_ Date: \_\_\_\_\_



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## Gunnar Center Application Form (\*All fields required)

### Section 1. Applicant Information

Full Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(SSN is required for background check purposes, applications missing social security numbers will be rejected)

Birthdate: (Month/Day/Year): \_\_\_\_\_

AGE: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: \_\_\_\_\_

Current Address:  
(Dates - \_\_\_\_\_ to present)

\_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Previous Address (**Required**)  
(Dates - \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Previous Address (**Required**)  
(Dates - \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_\_\_  
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Previous Address **(Required)**

(Dates - \_\_\_\_\_ to \_\_\_\_\_)

Street Address	Apartment/Unit #	
City	State	ZIP Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Primary E-Mail Address: \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Domestic Partnership \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed

## **Section 2. HOUSEHOLD**

How many people live in your household?: \_\_\_\_\_

Please give names/ages/relationship to you:


Is anyone in your home allergic to dogs? YES NO

Have you ever owned a dog before? YES NO

Do you currently have pets?: \_\_\_\_\_ How many?: \_\_\_\_\_

Would you be willing to relocate current pet if they are not suitable to get along with a service dog?: \_\_\_\_\_



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Please list the name, age and breed of pets:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Veterinarian: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Do you own or rent your home?:      OWN      RENT

Describe your home and neighborhood setting (house, apartment, mobile home, size of yard, city, suburb, country, loud, quiet, busy, etc.)

_____
_____
_____
_____
_____
_____
_____
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_____
_____

Do you have a fence around your yard?      YES      NO

Is your home fully accessible to you?      YES      NO



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### **Section 3. Emergency Contact Information**

#### **PRIMARY CONTACT:**

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Street

Apartment/Unit #

City

State

ZIP Code

#### **SECONDARY CONTACT:**

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Street

Apartment/Unit #

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State

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**Section 4. Military Information (REQUIRED)**

Branch(es) of Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Pay Grade: \_\_\_\_\_

MOS/Rate: \_\_\_\_\_

Entered service (date): \_\_\_\_\_ Discharged (date): \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Service History: Please list your last four duty stations **inside** the United States (i.e. Camp Lejeune, NC) and the dates.

- 1. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 2. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 3. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 4. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Foreign Service History: Please list deployments **outside** the United States (i.e. Vietnam, Iraq etc.) and the dates.

- 1. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 2. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 3. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 4. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 5. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 6. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 7. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 8. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 9. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_
- 10. Location: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_



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## **Section 5. Biography**

Please include a short bio (up to one typed page) for your file:

Helpful tip to creating a short biography- Tell us about yourself, a typical day in your life or typical week.

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**Section 6. Work/Education**

Highest level of education: \_\_\_\_\_

Educational degrees:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Are you presently employed?            YES    NO

Fulltime or Part-time (# of hours per week): \_\_\_\_\_

Employer: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Describe your work environment (large/small office, high rise, chain store, loud, quiet downtown, suburban, rural location, indoors, outdoors, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If not presently working, do you plan on becoming employed?

\_\_\_\_\_

If yes, what type of employment will you be seeking?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever trained a dog before or do you have dog training experience?    YES    NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_





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## **Section 7. Transportation**

Do you have a current and valid drivers license?      YES      NO

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you drive yourself?      YES      NO

If no, who is your primary driver? \_\_\_\_\_

Do you have access to transportation?      YES      NO

If no, what is your primary means of travel?

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Do you have an adaptive vehicle? (if so, explain the type: hand controlled auto, hand controlled van, van with a lift, etc)

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**Section 8. Medical/Mental Health Information**

**Please be as specific as possible, as this section aids us in identifying tasks beneficial for your service dog to learn that will be most suited for your conditions.**

Primary diagnosis: \_\_\_\_\_

Date of onset or diagnosis (MM/DD/YY): \_\_\_\_\_

Secondary diagnosis: \_\_\_\_\_

Date of onset or diagnosis (MM/DD/YY): \_\_\_\_\_

Do you receive VA medical services?                      YES      NO

Verbal Skills- On a scale of 1 (non-verbal) to 5 (fluent with clear enunciation), please rate the quality of your verbal communication skills:    Non-verbal   1   2   3   4   5    Verbal

What is your primary disability:

\_\_\_\_\_  
\_\_\_\_\_

Please describe and rate your physical strength:

\_\_\_\_\_  
\_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Do you have any allergies?      YES      NO  
If yes, please list:

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Dominant hand: \_\_\_\_\_ Right \_\_\_\_\_ Left

Do you have a history of falling? If so, how often?

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Primary Physicians Name: \_\_\_\_\_

Primary Physicians Phone Number: \_\_\_\_\_

Primary Physicians e-mail address: \_\_\_\_\_

Adaptive equipment being used or will be used in near future (please list specific details, if applicable, in the space provided for each device.)

Wheelchair (Manual or power): \_\_\_\_\_

Power 3-Wheel Cart: \_\_\_\_\_

Crutches: \_\_\_\_\_

Braces: \_\_\_\_\_

Prosthesis: \_\_\_\_\_

Cane (list frequency of use and which hand you hold with): \_\_\_\_\_

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Walker: Type (specify): \_\_\_\_\_

Other:

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How does your disability affect your daily life? What are your functional limitations? Describe problems carrying items, problems walking distances, problems leaving home on your own, ability to be in crowds, ability to be in large groups, drive a car, etc.

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Please describe any other limitations you may have such as mobility, reaction speed, balance, speech, heat/cold sensitive, learning impairments, or anything else you feel we should know to understand to better accommodate your needs.

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Do you handle any of the following by yourself? Please note if any of the following are done with assistance and who provides that assistance to you.

Routine medications: \_\_\_\_\_

Finances: \_\_\_\_\_

Housecleaning: \_\_\_\_\_

Meals: \_\_\_\_\_

Getting dressed: \_\_\_\_\_

Running errands: \_\_\_\_\_

Personal care: \_\_\_\_\_

Are you currently (or in the past) in treatment or have a history of an alcohol/substance abuse problem? YES NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any food allergies? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any food preferences? YES NO

Please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_







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### **Section 9. Legal History**

**It is our policy to conduct a background check on all applicants. Being charged with and/or convicted of a crime does not necessarily disqualify an applicant from our program.**

Have you ever been **charged** with any criminal offenses, INCLUDING traffic violations?    YES    NO

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Have you been **arrested** at any time, for anything in the last 48 months?    YES    NO  
If yes, please explain arrest(s) even if it did not result in conviction.

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Have you ever been **convicted** of any crimes, INCLUDING traffic violations?    YES    NO

If yes, please explain: \_\_\_\_\_

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Do you have a history of violence?    YES    NO

Have you ever become so angry/frustrated that you have struck someone?    YES    NO

Have you ever become so angry/frustrated that you have struck an animal?    YES    NO

Do you have a history of fighting?    YES    NO



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**Section 10. Miscellaneous**

Please comment on any obstacles or issues that you feel need to be addressed in order for you to participate in the Gunnar Center program:

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Have you ever been accepted to another service dog organization?      YES      NO

If yes, please provide the name of organization and date of application:

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Do you currently have a service dog from the aforementioned organization?      YES      NO

If no, please explain: \_\_\_\_\_

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Have you ever been denied a service dog by any organization?      YES      NO

If yes, please provide the name of the organization(s), the reason(s) for denial and date(s) of denial:

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What type of support is available to assist you with the care of your service dog (veterinarian visits, feeding, bathing, etc.) in the event you are unable to perform these tasks both at home, work or school?

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How did you hear of the Gunnar Center?

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Having a service dog also carries a financial responsibility, we estimate that this responsibility is approximately \$1400 per year. This takes into account vet expenses, food, preventative medication and pet insurance (which is strongly encouraged and recommended). Based on this information, are you now and will you continue to be financially able to support your service dog?    YES    NO    Initials: \_\_\_\_\_

If you and your dog do not successfully complete training are you prepared for life with your dog as a pet? YES    NO

If you and your dog do not successfully complete training would you be interested in becoming a certified therapy dog team (if applicable)?    YES    NO



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**Section 11. Consent to Contact**

I, \_\_\_\_\_ give consent for the individuals listed below to release to Valiant Veterans/Gunnar Center information relating to my current health, mental health and home/work/school environments. I understand that this information requested is confidential, will not be released to any person or agency outside of Valiant Veterans/Gunnar Center, and will be used for the sole purpose of assessing my qualifications for a service dog and ability to provide a suitable home for a service dog.

Please list the names, addresses, and phone numbers of those who are applicable. Attach additional if needed.

Primary doctor & phone number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Psychologists/Psychiatrist & phone number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Physical therapist & phone number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Personal reference & phone number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Personal reference & phone number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Personal reference & phone number: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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## **Section 12. Service Dog in Training**

*The Gunnar Center requires its participants to provide their own dogs for service dog training. While it is our suggestion that participants come into the program with a dog they have raised from puppyhood, we also welcome dogs up to the age of 6 as well as those that have been rescued. All dogs will go through temperament screenings and will continue to do so at various times in training. If a dog displays aggression at any point during training it will be dismissed from our program.*

Do you currently have a dog?    YES    NO

If no, would you like to be placed on a wait list to be contacted by puppy donors?    YES    NO

(Please note, we will facilitate the connection, it will be your responsibility to follow up with the donor in regards to obtaining the puppy)

If yes:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Breed: \_\_\_\_\_

Coloring: \_\_\_\_\_

Spayed/Neutered:    YES    NO

How long have you had: \_\_\_\_\_

What training have you completed? Please list classes and dates.

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Has your dog displayed any aggression? If yes, please explain.

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What socialization has your dog received? (i.e, small children, other animals, noises, public settings, etc.)

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### **Section 13. Certification and Signature**

I certify that, to the best of my knowledge and belief, the information provided in this document truly represents my needs and present situations. I understand that my failure to provide complete, accurate, and honest information herein will permanently disqualify me from the Gunnar Center program and will result in my immediate removal from either the program or the waiting list.

I understand that the Gunnar Center must make some investigation into my background, and I hereby authorize the Gunnar Center to research and/ or confirm any statements made in this document and further authorize educational institutions, employers, medical professionals, criminal justice agencies, and to furnish whatever detail or documentation is available concerning this application and the statements I made herein. I further acknowledge that the Gunnar Center is not a healthcare provider and is not subject to the privacy rules contained in the Health Insurance Portability and Accountability Act (HIPPA) and/or other state or federal privacy laws. Though these laws do not apply to the Gunnar Center, I understand that the Gunnar Center will make reasonable efforts to keep the contents of this application, any supporting documentation, and/or any information discovered during the Gunnar Centers' verification process confidential and will not share such information outside of the Gunnar Center without my written consent.

My signature below further authorizes the Gunnar Center to obtain criminal background information for the purposes of determining my ability to care for and protect a service dog that the Gunnar Center aids me in training. A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original.

Upon submitting this application, I am fully aware that during training or upon completion of training that my dog may not pass the certification standards set forth by the Gunnar Center and Assistance Dogs International. I am aware that this is an owner assisted program and that I am the primary trainer for my dog with the weekly guidance of the Gunnar Center. I am aware that the duration of the program will be determined by the age of my dog and the skills it may or may not currently have.

I hereby give consent for any and all photographs taken by staff and volunteers of the Gunnar Center/Valiant Veterans/LiveLife Center to be used in marketing/training materials and/or the social media sites of the Gunnar Center, Valiant Veterans and the LiveLife Center.

Applicant name (printed) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_