

**BIG SKY WAIVER SERVICES PROGRAM
SERVICE ANIMALS
STEWARDSHIP AGREEMENT**

I understand:

1. I must be enrolled in the Big Sky Waiver services program to be considered a candidate to receive Medicaid funding for the purpose of obtaining a service animal.
2. The purpose of the service animal is to assist me to increase independence, decrease functional limitations, increase accessibility and provide safety in the home and public environment.
3. I must obtain a letter of necessity from a physician, occupational therapist or a physical therapist stating that I will be able to benefit from the use of a service animal.
4. I must actively participate in the selection of the approved service animal training organization to determine which one will be best able to meet my needs.
5. I must actively participate in the training process in order to be able to competently work with the service animal.
6. The training program and the service animal selected must be both the most adequate and cost effective intervention to meet my needs.
7. I am entering into a working relationship with a service animal trained to meet my needs. I agree to meet the needs of the service animal and will provide care and companionship to that animal as long as I am able.
8. I must select a veterinarian to provide medical care to the animal before I complete my service animal training period.

I agree to the best of my ability to:

1. Provide a safe environment for the service animal to guard against injury or harm.
2. Provide a healthy environment for the service animal including the provision of all good and nutritional needs and routine equipment such as water and food dish.
3. Abide by all applicable leash and license laws.
4. Assure the service animal is wearing identification and appropriate tags at all times.
5. Maintain the service animal's basic obedience skills in public and at home.
6. Assure the service animal receives regular and necessary health care and grooming.
7. Assure the service animal is not abused at any time by anyone.
8. Practice training with the service animal on a regular basis to maintain its working skills.
9. Follow the training program's requirements for progress reports, follow-up training and medical reports.
10. Make appropriate provisions for the service animal's stewardship by completing an action plan for emergencies or in the event that I am no longer able to provide care and companionship for the animal.

Signature: _____ Date: _____