



CANINES FOR SERVICE

A non-profit corporation providing specially trained dogs for people with disabilities

Dear Applicant,

Thank you for your interest in Canines for Service. Enclosed is a service dog application which you have requested. Canines for Service works in the area of mobility impairment and does not provide service dogs to individuals who are legally blind or hearing impaired.

To apply for a service dog from Canines for Service, the following are required:

- a) Completed Skills Questionnaire for Service Dog Placement
- b) Consent to Contact
- c) Veterinary Reference Form
- d) Two (2) personal reference names and addresses for Canines for Service to send a reference form to. These personal references should not be from immediate family members, but rather a minister, teacher, co-worker.
- e) \$25.00 non-refundable application processing fee
- f) Recent photo of the applicant
- g) A video including audio of the applicant in their home, work and school environments:**
We request the submission be on CD or DVD **showing you in your home and community.** This video must **focus on you** moving around in your environment. Please show us you moving through your home and around the community environments you frequent (i.e. work, school, neighborhood, etc.). **It is most important that we observe your mobility.**

The video demonstrate your functional abilities, be no longer than 15 minutes, and include:

- Ambulation (with any adaptive equipment you use, i.e. canes, crutches, walker, wheelchair, etc).
- Transferring to/from bed, chair, wheelchair, etc.
- Sitting, standing, reclining
- Navigating doorways, ramps and stairs
- Getting in/out of vehicles
- Grasping/holding both large and small items (i.e. pillows, magazine, pen/pencil, paperclip)
- Use of any adaptive equipment (i.e. utensils, reachers, lifts, clothing fasteners, computer accessories, etc.)
- Speaking – please tell us why you want/need a service dog and how you think a dog will assist you. **It is very important for us to hear your speech, however it is not necessary to speak throughout the entire video; 2-5 minutes of speech is plenty.**
- Lastly, **briefly** show us any pets you may have, as well as your yard and the street you live on.

Please send the complete application packet with the items listed above to:

Canines for Service
Applicant Review Committee
P.O. Box 12643
Wilmington NC 28405

Our Applicant Review Committee will screen your complete applicant packet to determine that you meet our applicant requirements and place your name on our waiting list. **The review process will take at least 8-12 weeks.** It is not possible to advise how long you may wait for a service dog. Our waiting list is not time-based and we do not place dogs on a "first come, first serve" basis. The match of service dog skills to

individual's needs and lifestyle is the critical factor in determining who receives the next available service dog. The average wait time is two to four years.

At such time that we have a dog nearing completion of training that best matches your needs, we will contact you to arrange an individualized Team Training schedule in which you will learn how to handle and work with your service dog partner. The individual must travel to Wilmington, NC for up to 14 days of Team Training at their own costs including hotel and meals.

Canines for Service does not charge a fee for the service dog, however, we estimate a service dog will cost the recipient between \$50 to \$100 per month to maintain.

Should you have any questions, please feel free to contact us at (910) 362-8181 or you may contact us via e-mail at clientservices@carolinacanines.org. We look forward to the possibility of providing you with a service dog!

Sincerely,

Client Services Committee

[this area intentionally blank]

MEDICAL INFORMATION

A. Primary Diagnosis: _____ Date of Onset or Diagnosis (M/DD/YY): _____

B. Secondary Diagnosis: _____ Date of Onset or Diagnosis (M/DD/YY): _____

C. Other Diagnosis: _____

D. Height _____ Weight _____

E. Verbal Skills – On a scale of 1 (non-verbal) to 10 (fluent with clear enunciation), please rate the quality of your verbal communications. Non-verbal 1 2 3 4 5 6 7 8 9 10

Medications: _____

G.. Dominate Hand: Right Left

H. Primary Physician: _____ Phone _____

ADAPTIVE EQUIPMENT BEING USED – Complete this section for Mobility Impairments (check all that apply)

- Manual Wheelchair
- Power Wheelchair: Joy stick on Right or Left
- Power 3-Wheel Cart
- Crutches: Type (specify): _____
- Braces: Types (specify): _____
- Prosthesis: Type (specify): _____
- Cane: Type (specify): _____
- Walker: Type (specify): _____
- Other: _____

MORALITY

- A. Have you been charged with any criminal offenses, INCLUDING traffic violations? Yes No
- B. Have you ever been convicted of any crimes, INCLUDING traffic violations? Yes No
- C. Do you have a history of violence? Yes No
- D. Do you have a history of harming animals? Yes No
- E. Have you ever become so angry/frustrated that you have struck someone? Yes No
- F. Do you have a history of fighting? Yes No
- G. Have you ever harmed yourself, i.e. cutting, burning, hitting self? Yes No

HOW DOES YOUR DISABILITY AFFECT YOUR DAILY LIVING – 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 etc.)

VOCATIONAL ISSUES

A. Are you presently employed? Yes No Fulltime or Part-time (# hours per week) ____

Employer: _____

B. How do you get to/from work? _____

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

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

E. Do you receive support from services such as Vocational Rehabilitation or Independent Living?

G. How will a service dog enable you to perform your job more efficiently?

EDUCATIONAL ISSUES

A. Are you currently enrolled in school? Yes No What grade? _____ What Major? _____

B. Name of school/college/university: _____

Anticipated date of graduation (MM/YY): _____ Degree: _____

C. How do you get to/from school? _____

D. Do you currently receive support services during school? (Classroom aide, peer tutor, adapted materials, etc.)

E. How will a service dog enable you to access your school environment more independently? (Carry books, open doors, retrieve items, physical support for walking, etc.)

COMMUNITY ACCESS ISSUES

A. Do you have daily access to transportation? Yes No

If no, how do you get around? _____

B. Do you drive yourself? Yes No

If no, who is your primary driver? _____

C. Do you have an adaptive vehicle? Yes No

(If so, explain type: hand controlled auto, hand controlled van, van with a lift, etc.)

D. List any problems you have concerning transportation or community access (opening/closing doors, using controls for lifts, etc.)

HOUSEHOLD ISSUES

A. How many people live in your household? _____ Please give names/ages/relationship to you:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your dog(s) eliminate inside or outside the house?

B. Anyone in your home allergic to dogs? Yes No

If yes, explain: _____

C. Do you have pets? Yes No

How many? _____

Please list name, breed and age of pets:

<u>Breed</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____

D. Name of veterinarian _____ Phone _____
 (Please submit the Veterinary Reference Form to your Veterinarian for completion. If you do not currently have a Veterinarian, please indicate "No Veterinarian at this time".)

E. Do you rent or own your home? Own Rent

Describe your home & neighborhood (house, apartment, mobile home, size of yard, fenced or un-fenced, city, suburb, country, etc.) _____

F. Is your home fully accessible to you? Yes No Not Applicable

Please describe modifications/adaptations presently available and note those needed but unavailable (wheel chair ramp, lifts, modified bathroom, raised counters, widened doorways, lowered light switches, alarms systems, etc.). _____

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

MISCELLANEOUS ISSUES

A. In your own words, describe how a service dog will assist you to be more independent and more productive both at home and in your community – please be as specific as possible. Attach an additional sheet if necessary.

B. In your own words, how would having a service dog help you with your mental health and psychological needs? Attach an additional sheet if necessary.

C. Will you be physically and financially able to attend Team Training in Wilmington, NC and spend 6-8 hours per day for 5 to 7 days in order to learn how to command a service dog to assist you?

Please comment on any obstacles or issues to be addressed in order for you to attend Team Training:

D. Have you ever applied for a service dog from another organization? Yes No
If yes, please provide the name of the organization and date of application:

E. Have you ever been denied a service dog by an organization? Yes No
If yes, please provide the name of the organization and date of denial: _____

ADDITIONAL COMMENTS:

Canines for Service

CONSENT TO CONTACT FORM

I, _____, give consent for the health care professionals listed below to release to Canines for Service information relating to my current health, mental health, and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside Carolina Canines, 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:

Primary Doctor _____
Address/City/State/ Zip _____

Home Health Care Assistant _____
Address/City/State/ Zip _____

Physical Therapist _____
Address/City/State/ Zip _____

Speech Therapist _____
Address/City/State/ Zip _____

Occupational Therapist _____
Address/City/State/ Zip _____

Recreation Therapist _____
Address/City/State/ Zip _____

Psychologist/Psychiatrist _____
Address/City/State/ Zip _____

Vocational Rehabilitation Counselor _____
Address/City/State/ Zip _____

Teacher _____
Address/City/State/ Zip _____

Other _____
Address/City/State/ Zip _____

Veterinarian _____
Address/City/State/ Zip _____

Personal Reference _____
Address/City/State/ Zip _____

Personal Reference _____
Address/City/State/ Zip _____

Applicant Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____
(Required for child under 18 or person with legally appointed guardian)

Veterinary Reference Form

The following individual is an applicant for a service dog trained by Canines For Service a non-profit program dedicated to enhancing the lives of people with disabilities through the use of specially trained service dogs. The information requested below will assist us in assessing the suitability of this applicant's home for placement of a service dog. A **Consent to Contact Form** is attached. Should you have any questions regarding this matter, please feel free to contact us at (910) 362-8181. Thank you for your assistance in completing this form.

PLEASE PRINT

Applicant: _____ Phone (____) _____

Veterinarian _____ Phone (____) _____

Veterinary Practice/Clinic _____

Address _____

City/State/Zip _____

What species/breed and number of pets owned by this individual have you treated?

Dogs _____ Cats _____

Birds _____ Other _____

How long have you been treating this individual's pets? _____

What type of treatment have you provided to this individual's pets? _____

- Are this individual's pets' vaccination records presently up-to-date? Yes No
- Do this individual's pets receive monthly heartworm preventative? Yes No
- Do this individual's pets receive regular flea/tick protection? Yes No
- Does this individual demonstrate evidence of responsible pet ownership? Yes No
- To your knowledge, has this individual ever been accused or convicted of animal abuse/neglect, or harboring/unleashing a vicious animal? Yes No
- Do you recommend placement of a service dog in this individual's home? Yes No
- Would you consider offering tax deductible discounted or donated veterinary services for a service dog placed by Canines for Service? Yes No

Additional Comments: _____

Veterinarian Signature

Date