



Canine Helpers for the Handicapped, Inc.

5699 Ridge Road
Lockport, New York 14094
716-433-4035 (voice or TDD)
716-439-0822 (FAX)

Please visit us on line at: <http://www.CanineHelpers.org> - or - email us at: CHHDogs@AOL.com

Custom Trained Assistance Dogs
Beverly D. Underwood, Executive Director

Dear Applicant :

Thank you for contacting Canine Helpers for an Assistance Dog. Over the last twenty five years we have successfully trained and matched over 400 working dog teams across the country.

Enclosed is the application for an Assistance Dog. Please complete the application carefully. It will be used to begin the process of determining if you qualify for the program and what type of dog will best suit your needs. We will want to learn everything about your needs, personality, and life style to ensure that you are matched with the ideal Assistance Dog.

There is also a medical history section enclosed. Please sign the permission portion and have your physician(s) complete and return this form to you. If your physician would like to include any other beneficial information, it would be greatly appreciated.

The completed application and medical history should then be returned to the above address along with the application/in-home interview fee of \$150. If payment of the application fee will be a hardship, please call to arrange a payment plan. The fee is non-refundable.

We look forward to meeting you in the near future. If you have any further questions, please feel free to call us.

Sincerely,

Beverly Underwood
Executive Director

Enclosures

APPLICATION FOR ASSISTANCE DOG

Type of Assistance Dog: Service ____ Hearing ____ Seizure Alert ____ Multi-Service ____ Therapy ____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ TTY No. (____) _____

E-Mail: _____

Date of Birth: _____ Occupation: _____

Place of employment: _____

Work Phone or TTY: _____

Schooling Completed: _____

Name of a Relative or Friend we can contact if needed: _____

Relationship _____ Address _____

City _____ State _____ Zip _____ Phone _____

Do you live in the: City ____ Suburbs ____ Country ____ Farm ____

Do you live in: House ____ Apartment ____ Other – _____

How many floors do you use? _____ How many people do you live with? _____

Please list their relationship, age, and handicap, if any _____

Are you or anyone in your household allergic to dogs? _____ Do you have a fenced yard? _____

Please describe your disability _____

Do you have a hearing loss? ____ If so, please describe it and include a current audiogram. _____

Do you use: Oral Speech _____ Lip Reading _____ Sign Language _____

Do you have a vision loss? ____ If so, please describe it and include a report from your optometrist.

Please give a complete description of your physical condition and limitations. _____

Do you have seizures? ____ What type? _____

Frequency of seizures: _____

Are you: Fully independent ____ Partially Independent ____ Other – _____

Please describe _____

What is your Height: _____ Weight: _____

Do you use a: Cane ____ Walker ____ Crutches ____ Wheel Chair ____ Other – _____

What size dog do you prefer? Small _____ Medium _____ Large _____

Do you prefer: Male _____ Female _____ Either _____

Do you have a breed preference? _____

Will you use oral speech or hand signals with your dog? _____

Will your dog go with you to: Work _____ School _____ Social _____ Everywhere _____

What forms of transportation will you and your dog use? Car _____ Taxi _____ Bus _____

Air plane _____ Subway _____ Train _____ Boat _____ Other _____

Where will your dog ride in the car? Front: seat _____ floor _____ Back: seat _____ floor _____

Will your dog be allowed on the furniture? ____ Do you have time to train with your dog daily? _____

Will you be able to: Feed the dog_____ Brush the dog_____ Exercise the dog ____ Bathe the dog_____

Clean up after the dog_____ LOVE THE DOG_____

If you are unable to do any of the above, is there someone who will help you? _____

Name_____

Can you afford the cost of proper feeding and veterinarian care? _____

Have you ever owned a dog before? _____

Do you currently own any pets? _____ Please List_____

If you own pets, do they get along with dogs?_____

If not, are you willing to place them in new homes?_____

Are you an active or quiet person? _____ Do you travel frequently? _____

If so, what types of places do you visit? _____

Will your dog go with you? _____ Do you spend a lot of time outside or inside?_____

Do you have any special interests or hobbies_____ Please describe_____

If you are applying for a hearing dog, what sounds do you need your dog to respond to?
Please number them in order of importance.

- | | | |
|-------------------|---------------------------------|----------------------------------|
| _____Door bell | _____Door knock | _____ Telephone or TTY |
| _____ Stove timer | _____Alarm clock (buzz or bell) | _____ Smoke alarm (brand: _____) |
| _____ Tea kettle | _____ Baby crying | _____ Your name (_____) |
| _____ Car horn | _____Emergency siren | _____ Other: _____ |

Please list the things you would like your dog to do: _____

Where did you hear about us? _____

Will you work with us to fund raise for your dog? _____ Are you affiliated with any community service organizations? If so, please list _____

Have you answered all questions completely and to the best of your knowledge? _____

*Please include a little write up about yourself, why you want a dog, and how it will benefit you.

Signature _____ Date _____

Be sure to enclose:

- 1) Application Fee
- 2) Completed application
- 3) Medical History Report
- 4) Other doctor reports on specific disabilities
- 5) Story about yourself
- 6) Directions to your home from a main road.

INDIVIDUAL MEDICAL HISTORY FORM

Please sign below and forward to your primary physician. Any questions regarding this form should be directed to Canine Helpers for the Handicapped, Inc., 5699 Ridge Road, Lockport, NY 14094, 716-433-4035.

If minor, or under guardianship or ward of the court, parent or duly authorized guardian is required to sign pursuant to state and federal law.

Full Name _____

Signature _____

Relationship _____

Agency _____ Phone _____

Agency Address _____

Please release to Canine Helpers for the Handicapped, Inc. any requested information regarding my condition. This information will not be used for any other purpose than to evaluate and assess my situation in making a successful canine placement and assisting me with ancillary services. Canine helpers will keep this information confidential and will not share it with anyone.

Applicant's Signature: _____

Patient's name: _____

Address: _____

Doctor's name: _____

Address: _____

Phone: _____

Physical Evaluation

Date of last examination _____

Length of association with client _____

Primary conditions _____

Description of limitation _____

Secondary condition _____

Description of limitation _____

Additional limitations _____

Are two or more limbs impaired? _____

Describe _____

Estimated duration of significant impairment (s) _____

Prognosis and effect of condition on individual's ability to perform activities of daily living _____

Activities of daily living (ADL) shall refer to the ability to meet personal care needs, i.e. Feeding, toileting, dressing, etc., As well as the ability to perform tasks necessary for independent living, i.e., Manage finances, maintain home, acquire needed outside services.)

Related medical history: _____

Mental/Emotional Evaluation

(Please Answer Yes Or No)

- A. Able to exercise judgment and make decisions necessary for ADL _____
- B. Able to sustain attention spans _____
- C. Manifesting inappropriate behavior beyond his/her control _____
- D. Able to control physical or motor movement sufficient to sustain ADL _____
- E. Capable of perception and memory to the degree necessary to sustain ADL _____
- F. Able to follow directions and learn to the degree necessary to sustain ADL _____
- G. Under medication which impairs functioning _____
- H. Capable of decisions regarding personal or others' needs and safety _____

Was incapacity due to or affected by alcoholism or drug abuse? _____ If so:

- A. Has patient been accepted into treatment facility? _____

If yes, when? _____

- B. Has organic damage resulted? _____

- C. Does patient constitute a danger to him/herself? _____ To others? _____

- D. Has patient refused treatment or referral to treatment center? _____

Additional comments: _____

In what ways do you feel this individual might benefit from a Canine Helper? _____

Can you recommend this individual for a Canine Helper placement? _____

Would you feel that Canine Helpers for the Handicapped might benefit from a consultation with you?

If so, in what areas? _____

Additional comments or remarks: _____

Signature of physician _____

Date _____

Expense Breakdown for Standard Custom Trained Hearing or Service Dog

Dog's Training	\$5,040
Dog's Home Training	\$1,050
Dog's Care	\$3,240
Client / Dog Training	\$2160
Client Meals	\$140
Client Lodging	\$540
Dog Food, Treats, & Vitamins	\$500
Veterinary Expenses	\$720
Dog Supplies	\$200
Dog Equipment	\$250
Travel / In-Home Training	\$1620
Paperwork, I.D., Certificates, and Records	\$80
TOTAL	\$15,540

This is the basic cost breakdown for standard custom-trained hearing and service dogs. Costs will increase for multi-service dogs and special classes for clients with learning disabilities who require longer training periods and for clients involving increased travel and lodging expenses due to distance from the training center. Price is based on the actual time and expense for each individual case.

Fundraising may be done by the client with the guidance of Canine Helpers to cover the cost of an Assistance Dog.