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:_________________________________________________________
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

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dog’s Training</td>
<td>$5,040</td>
</tr>
<tr>
<td>Dog’s Home Training</td>
<td>$1,050</td>
</tr>
<tr>
<td>Dog’s Care</td>
<td>$3,240</td>
</tr>
<tr>
<td>Client / Dog Training</td>
<td>$2,160</td>
</tr>
<tr>
<td>Client Meals</td>
<td>$140</td>
</tr>
<tr>
<td>Client Lodging</td>
<td>$540</td>
</tr>
<tr>
<td>Dog Food, Treats, &amp; Vitamins</td>
<td>$500</td>
</tr>
<tr>
<td>Veterinary Expenses</td>
<td>$720</td>
</tr>
<tr>
<td>Dog Supplies</td>
<td>$200</td>
</tr>
<tr>
<td>Dog Equipment</td>
<td>$250</td>
</tr>
<tr>
<td>Travel / In-Home Training</td>
<td>$1,620</td>
</tr>
<tr>
<td>Paperwork, I.D., Certificates, and Records</td>
<td>$80</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$15,540</strong></td>
</tr>
</tbody>
</table>

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.