



# 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](mailto: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.