

A.W.A.R.E DOGS AUSTRALIA INC



Assisting **W**ellbeing, **A**bility, **R**ecovery & **E**mpowerment

ASSISTANCE DOG APPLICATION

PLEASE PRINT CLEARLY

Name: _____ Date _____

Address: _____

City: _____ State: _____ Post Code: _____

Phone: _____ Work: _____ Mobile _____ Age /

DOB _____ Email _____

Emergency Contact: Name: _____ Phone: _____

Alternate Contact: Name: _____ Phone: _____

Physician: _____

May we contact? Y / N Address: _____

Phone: _____ City: _____ State: _____

Post Code; _____

Medical Insurance:

If Applicable:

Physical Therapist _____ Phone: _____

Occupational Therapist: _____ Phone _____

Case Manager: _____ Phone _____

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Use a separate sheet of paper if more space is needed for any question.

Diagnosis

What is your primary diagnosis?

What other medical problems do you have?

How does this affect your daily living skills? What are your limitations?

Do you have restrictions or precautions as a result of your diagnosis?

What type of medical treatment are you currently receiving?

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What medications are you taking and what are they for?

What types of adaptive equipment do you use (i.e. Wheelchair, crutches, hearing aid)?

Employment

Are you employed? Y / N

Employer: _____

Address: _____

City: _____ State: _____ Post Code: _____

Phone: _____ May we contact? Y / N

Basic job duties:

_____ Do you have a

Job Coach? Y/N If so: Name _____

Phone: _____ Agency _____

Name _____

Address _____

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Do you receive any other social services? Y/N

Agency: _____ Contact: _____

Address _____

_____ Phone: _____

Agency: _____ Contact: _____

Address _____

_____ Phone: _____

Household Information

Type of home: apartment Y / N house: Y / N do you own / rent

Do you have fenced yard? Y / N If not, do you plan to fence the Yard? Y / N

Who lives in the home? Name(s) _____ Age(s)

Relationship(s) _____

Are there pets in the home? Species (cat, dog, other) _____ Age

M / F Spayed? Other info;

Do they live inside? Y / N If not: Where do the pets that live outside

reside? _____

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Assistance Dog Information

What type of assistance dog are you seeking?

Are you physically able to handle the dog? Y / N

If not: Who will handle the dog for you? Explain:

Can you feed the dog? Y/N Can you groom the dog? Including tick baths (in affected areas) Y/N If not, can you afford to pay for dog grooming? (\$30- \$70 3-4 times a year)

Y/N If you answered no to either of the above questions, who will assist you in the daily care of the dog?

Please explain:

What tasks do you think an assistance dog could do to make you more independent?

How much do you envision being a part of the dog training process?

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Do you want to train a family pet to be the assistance dog (if possible?) Y / N

Why do you want an assistance dog?

Is there anything else you want us to know? (Add on another sheet of paper)

References: You must have two people not related to you, complete and mail the enclosed reference letters to our office.

A \$30 NON- REFUNDABLE PROCESSING FEE MUST ACCOMPANY APPLICATION.
PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO

A.W.A.R.E DOGS

or

Direct Deposit to: AWARE DOGS

BENDIGO BANK

BSB: 633-000

Account: 139810493

(please send advise of deposit)

The fee includes associate membership for the current financial year.

Signature of Applicant in centre of box:

We reserve the right to deny services to any applicant which doesn't meet the criteria necessary for placement of an assistance dog or who requires services not trainable within the guidelines of our agency or expertise.

A.W.A.R.E DOGS

P.O. Box 883 Kuranda Qld. 4881

Email: admin@awaredogs.org.au Phone: 07 4093 8152 Mobile: 0402 861 186

ABN 54 992 201 349

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APPLICANT HEALTH FORM

& Confirmation of Disability

Applicant: _____

The applicant above has applied for an assistance dog to assist them in obtaining a higher level of independence in regards to any limitations their disability has created. Our agency is a non-profit organization that trains and places assistance dogs that assist with autism, mental health issues, developmental disabilities, mobility impairment, and seizure disorders.

What is the applicant's primary diagnosis? If this applicant has impairments or conditions that affect and/or limits them physically, what are they and how do they affect the applicant.

In what ways does their mental or cognitive condition limit their function? For example: memory, retention, concentration, or understanding. Please explain in as much detail as possible. (use separate sheet of paper if necessary)

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Considering the clients limitations;

1. Do you feel they would be able to handle a dog in places of accommodation where they might be confronted and asked why they are bringing a dog into a place that does not allow pets? Y / N
2. Does this person have periods of time where their condition escalates to a level where they might not be able to properly care for the dog? Y / N
3. Has this applicant been hospitalized in the past 2 years? Y / N If so, how many times and for how long_____

If this person has a progressive disease,

1. How quickly does this progression usually occur?_____
2. Will the progression lead to a point where the applicant could no longer physically care for the dog? Y / N
3. If so, how quickly might this progression occur?_____
4. May we contact you in the future if we have a concern about the degree of progression? Y / N

If the applicant is taking medication that might impair their judgment in handling the dog in public or in caring for the dog, what are they and how might they do this?

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Are there any special considerations or symptoms we should be aware of?

Do you recommend the use of an assistance dog as aid to improve and/or mitigate the applicant's wellbeing?

Do you have any further comments?

Physician completing form (please print clearly): _____

Physicians Provider # : _____

Medical facility: _____ Phone: _____

Address:

Physician signature: _____ Date: _____

**PLEASE ATTACH A PRESCRIPTION FOR
AN ASSISTANCE DOG**

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P.O. Box 883 Kuranda Qld. 4881

Email: admin@awaredogs.org.au Phone: 07 4093 8152 Mobile: 0402 861186

ABN 54 992 201 349

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RELEASE OF INFORMATION I, _____ do consent and request you to supply A.W.A.R.E. DOGS any medical and social information which you may have, that is based upon your knowledge of me/my child. This information is part of the necessary data to complete my application for an Assistance Dog. It will enable A.W.A.R.E. DOGS to understand my request and help them evaluate my/my child's eligibility for their services. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child:

Parent or Legal Guardian Signature: _____ Date: _____

Name: _____

Address: _____

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LETTER OF REFERENCE

_____ is applying for an assistance dog
through our agency. Please take a moment to fill out this form and return to;

A.W.A.R.E DOGS

P.O. Box 883 Kuranda Qld. 4881

Thank-you for your timely response.

Name: _____

Phone Number: _____ Day / Night

Address: _____

Relationship to the Applicant: _____

How long have you known the applicant? _____

How does the applicant's disability affect their functional abilities?

A.W.A.R.E DOGS AUSTRALIA INC

Tell us about the applicant? Do you think they would benefit from the use of an assistance dog? Do you think they have the ability to handle the dog? Caring for a dog is a lot of work. Do you feel the applicant has the ability to care for the dog? If not, do they have a support system in place that would be available on a daily-weekly basis to assist in the care of the dog?

If the applicant has pets or if you have observed the applicant with other animals, how did they interact? If they have pets, are they well cared for? Do they live inside or outside?

Additional Comments:

Signature: _____ Date: _____

Thank you for your assistance in providing this letter of reference for the applicant and their future Assistance Dog!

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RELEASE OF INFORMATION

I, _____ do consent and request you to supply A.W.A.R.E DOGS any medical and social information which you may have, that is based upon your knowledge of me/my relative. This information may be part of the necessary data to complete my application for an Assistance Dog. Also it may become necessary for A.W.A.R.E DOGS at access information at a time when I am incapacitated. This will enable A.W.A.R.E DOGS to understand my request and help them evaluate, as well as provide better services for me/my relative. Any copy of this form and signature may be used as an original for release of information.

Signature: _____

Date: _____

Name: _____

Address _____

If applicant is a child (or other):

Parent or Legal Guardian Signature: _____

Date: _____

Name: _____

Address: _____

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