

PROGRAM APPLICATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone : (____) _____ Fax : (____) _____

Place of employment: _____

Address: _____

City: _____ State _____ Zip _____

Work Phone : (____) _____ Fax : (____) _____

Nearest relative: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone : (____) _____ Fax : (____) _____

What is your primary disability? _____

What caused your disability? _____

Please list any secondary disabilities: _____

At what age were you disabled? _____ Is your disability progressive? _____

Date of birth: _____ Sex: _____ Approximate weight: _____ Approximate height: _____

Check all that apply: What are the effects of your disability?

- Deafness Hearing Loss Speech Impairment Reduced Stamina
- Limited Mobility Memory Loss Spasticity Coordination problems
- Vision Impairment Slowed Development Muscular Weakness
- Other: _____

Do you have any problems with?

- Allergies Chronic Pain Heightened Emotions Depression
- Seizures Skin Sensitivity Balance Brittle Bones
- Heat/Cold Sensitivity

Do you use an aid or assistive device?

- Prosthesis Leg Brace Wheelchair (electric) Wheelchair (manual)
- Wrist Brace Hearing Aid Crutch/cane Walker

What kind of assistance dog are you looking for?

- Guide Service Hearing Social/Therapy
- Seizure alert Other _____

What do you want an assistance dog to do for you?

What is your marital status?

Single Married Separated Divorced
Other _____

With whom do you live? (Check all that apply)

Alone With parents With spouse/significant other With Roommates
With attendant Other _____

Where do you live?

House Apartment Dorm Other _____

Do you?

Live with children Have children who visit regularly
How many children? _____ What are the ages of children?

Do you?

Have a fenced yard? _____ OR an enclosed area? _____

Are you able to travel to the program office for an interview? Yes No
If no, please explain:

Applicant Signature

Date

If the applicant is a minor, or under guardianship or conservatorship of a ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Name: First _____ Last _____

Relationship to applicant: _____

Address: _____

Home phone : __ (__) _____ Fax : __ (__) _____

Parent or Guardian signature

Date

For Office Use ONLY

Date received: _____ Received by: _____

Application complete: Yes No Meets program requirements: Yes No

Method of interview: Phone or video In person Other _____

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