



ADI Accredited

For Official Use Only-

Date: \_\_\_\_\_

Cost: \_\_\_\_\_

Initials: \_\_\_\_\_

## Application Checklist

Your application will be reviewed and an interview scheduled when all information has been received

- \$150 Application Fee
- **Part A-** Client Portion of Application (pages 2-8)
- **Part B-** (page 9)
  - Photo Outline
  - Two Letters of Recommendation
  - For Non-Active Military: A Copy of Your DD214 Form
- **Part C-** Medical Form (pages 10-13)
- **Part D-** (Military PTSD Applicant Only) (pages 14-17)
  - Mental Health Consultation Form
  - Two Support Individuals
  - Consent to Communicate with Mental Health Provider
  - Family / Support Person Form
- **Part E-** (pages 17-18)
  - Financial Plan for A Dog
  - Securing the Sale Price of a Dog

JLAD will keep your entire application confidential. Your pictures and written application will become the property of JLAD

Please review the application instructions before completing this form. Your application will be reviewed, and an interview scheduled when all information has been received.

**It is the Client responsibility-** to submit all of Part A and E, Part B: photo outline of your home/environment, and military form if applicable, Part D if applicable, and \$150.00 application fee. It is also the client’s responsibility to follow-up with those who have been asked to complete a portion of this application to assure this is submitted in a timely manner.

**APPLICATION PART A**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex M F

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Relative \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relative’s Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

This application must be IN THE WORDS OF THE PERSON WHO WILL USE THE DOG. If writing is difficult for you, provide name and relationship of person transcribing your words

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How did you learn about JLAD? \_\_\_\_\_

<p><b>Military Personnel Only:</b>  Do you have a military affiliation: _____  What Branch? _____  Are you active or retired? _____  For non-active military clients, please attach a copy of your DD214 form to this application</p>
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What are your expectations of the dog?

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What is your disability?

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Most JLAD dogs assist people with primary mobility impairment such as multiple sclerosis, muscular dystrophy, cerebral palsy, spina bifida, paraplegia, tetraplegia, arthritis, amputation, stroke, or traumatic brain or spinal cord injury. **JLAD does not train dogs to assist individual with seizure disorders, blood sugar disorders, or those with significant vision loss.**

Do you have any other diagnosis, including mental health diagnosis?

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How long have you been disabled? \_\_\_\_\_

If disability was caused by injury, what progress has been made post injury?

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Please indicate the devices that you use: Wheelchair:  manual  power  both  
 Crutches  Cane  3-wheel electric scooter  Sip and puff  
 Other \_\_\_\_\_

Which do you use most often? \_\_\_\_\_

Do you drive? \_\_\_\_\_ Take a bus? \_\_\_\_\_ Cab? \_\_\_\_\_ Other? \_\_\_\_\_

Describe your physical strength and abilities. (Circle one number for each limb.)

Available Use:	No Use										Full										
<b><u>Left Side</u></b>																					<b><u>Right Side</u></b>
Hand Strength	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
Dexterity	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
Arm Strength	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
Upper-Body Strength	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
Leg Strength	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	
Leg Control	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	

How often do you fall? \_\_\_\_\_

Can you catch yourself when you fall, or do you fall like a tree? \_\_\_\_\_

Please rate: (On a scale of 1=Poor – to – 10=Normal)

**Your Speech?** \_\_\_\_\_ Easily understood \_\_\_\_\_ Tone variation \_\_\_\_\_ Volume

Do you use a word board?  Yes  No  Other \_\_\_\_\_

**Your Vision?** \_\_\_\_\_ Do you use corrective lens?  Yes  No

Do you need?  Large font  Audio tape  Note taker  Other \_\_\_\_\_

**Your Learning Ability?** \_\_\_\_\_  Need assistance, namely \_\_\_\_\_

**Your Hearing?** \_\_\_\_\_  Hearing Aid  ASL \_\_\_\_\_

**How do you handle the following?**

Routine medications  By yourself  Assisted  Provided by others

Your finances, checkbook  By yourself  Assisted  Provided by others

Housecleaning:  By yourself  Assisted  Provided by others

Meals  By yourself  Assisted  Provided by others

Getting dressed  By yourself  Assisted  Provided by others

Shopping; groceries, etc.  By yourself  Assisted  Provided by others

Personal Care  By yourself  Assisted  Provided by others

What personal attendants (including family members) do you use?

Personal Care Aide  Cooking  Cleaning  Medical  Other \_\_\_\_\_

Describe how many attendants and how often? (Daily, weekly?) \_\_\_\_\_

\_\_\_\_\_  
Please describe your limitations – mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, your ability to read and understand written material, and anything that might help us understand your needs.

\_\_\_\_\_  
What work, school, or rehabilitation program(s) have you completed? \_\_\_\_\_

What is your current work or school schedule? \_\_\_\_\_

What are your plans for work or school? \_\_\_\_\_

List the people living in your home, including their ages and their relationship to you.

\_\_\_\_\_  
Do any other members of your household have a physical or mental disability?

No  Yes If so, how are they disabled and what are their limitations?

\_\_\_\_\_  
Please describe your home and yard. \_\_\_\_\_

\_\_\_\_\_  
Is your yard fenced?  No  Yes If yes, how high is your fence? \_\_\_\_\_

If your yard is not fenced, if your fence is too short or needs repair, will you be able to put up a secure fenced area before you receive your dog?

Yes  No

(Explain) \_\_\_\_\_

What pets do you have now? Describe type and age.

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What is your veterinarian's name and phone number?

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If you have a dog now, would you be willing to give up your present dog, if it cannot get along with a JLAD dog?  Yes  No (Explain)

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If your present dog is not well mannered, are you willing to train your dog before you receive your JLAD dog?  Yes  No (Explain)

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What dogs have you had before? Describe what kind and how old you were.

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Have you ever re-homed a pet? If so, what was the reason?

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On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your JLAD dog?

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How will you handle the care of your JLAD dog if you are hospitalized? \_\_\_\_\_

Will it be difficult for you

- to attend placement classes at the JLAD Training Center in Salem, Oregon for five hours a day for 2 weeks?  Yes  No
- to limit your calendar for the 30-day bonding period?  Yes  No

Please explain any YES answer:

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**Do you agree to the following conditions?**

That there is a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8 to 10 years.

Yes  No, explain

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That a JLAD dog will spend most of their time with their partner at home AND at work, at school, and social events if he/she is certified for public access and that no JLAD dog will be in a yard or kennel for long periods of time.

Yes  No, explain

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That a JLAD Dog is not a family pet – he or she has a specific function in their partner's life and minimal interaction with others.

Yes  No, explain

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That you and your dog are ambassadors for JLAD as well as for the entire assistance dog industry (guide, hearing, and service dogs) and you will be expected to maintain your dog's appearance and manners, as well as your handling skills.

Yes  No, explain

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That a JLAD dog cannot be allowed off leash except in a secure area. Exercise and elimination must be done on leash or in a fenced yard or dog run.

Yes  No, explain

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That you must assume full responsibility as caretaker of your JLAD dog, in charge of their safety, health, and welfare. Their needs include:

- Medical care – all care prescribed by your veterinarian and routine annual care as directed by JLAD.  Yes  No, explain

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- 
- Nutritional care – including use of a good quality dog food and maintaining your dog’s proper weight.  Yes  No, explain
- 
- 

- Daily exercise and play  Yes  No, explain
- 
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That you assume full responsibility for maintaining appropriate training and behavior, updating your ADI public access certification every two years. You must maintain identification for public access, if applicable.

- Yes  No, explain
- 
- 

That you must assume full responsibility for cleaning up after your dog if he eliminates in public and for repairing any damage caused by your dog.

- Yes  No, explain
- 

Sign below if you agree to the conditions listed above. Attach additional sheets if needed to explain any ‘No’ answer.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**APPLICATION PART B**

Photo Outline



Please provide pictures with Part A of your application. Include the following information and label the pictures with your full name be sure to address ALL of the items listed below.

Your pictures are critical. JLAD reviews it frequently during the placement process:

- a. Initially, to see IF we can train a dog for your needs and accept you as a client
- b. When matching teams, to evaluate whether a dog in training fits your lifestyle and your needs
- c. During custom-training of the dog to meet your needs

**Show your environment**

- Home – Interior and exterior of your home, your yard (including any fencing),
- Any present pets you may have.
- Family members

Other – Pictures of your work, school, recreational and/or social environment that may be

**Letters of Recommendation**

- 1) Personal (not a relative)
- 2) Professional (therapist, doctor)

We will need a physical letter from both people either included with the application or sent separately to Joys of Living Assistance Dogs.

Please send letters of recommendation to:

JLAD  
PO Box 12023 Salem Or 97309  
info@joydogs.org

**APPLICATION PART C**

**Medical History Form**

Please ask your physician or therapist to complete this form. Sign the release below and ask your

physician to return it directly to JLAD.

Patient's Last name \_\_\_\_\_ First \_\_\_\_\_ Sex: \_\_\_ Date of Birth \_\_\_\_\_

**Release of Medical Information**

This authorizes you to release information regarding my condition to Joys of Living Assistance Dogs, Inc. This information will be used to evaluate and assess my situation and is essential for JLAD to train a service dog to increase my independence All information is confidential.

Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship or title and agency  
\_\_\_\_\_

Agency address and phone number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the Physician or Therapist:

- We maintain confidentiality of our clients' records. What you write here will not be shared with your patient unless you give express permission.
- If you have questions, please contact Joys of Living Assistance Dogs at (503) 551-4572. Please mail the completed form to:

JLAD  
PO Box 12023  
Salem Or 97309  
[info@joydogs.org](mailto:info@joydogs.org)

Practitioner's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of last examination: \_\_\_\_\_ Length of association with patient: \_\_\_\_\_

What is patient's primary diagnosis? \_\_\_\_\_

What other conditions/diagnoses does the patient have?

Prognosis for duration of impairment(s): \_\_\_\_\_

Prognosis for progression of impairment(s): \_\_\_\_\_

Prognosis for lifespan: \_\_\_\_\_

Medications taken on a regular basis (please list): \_\_\_\_\_

How severe is the patient's mobility impairment? (Please circle)

<u>None</u>		<u>Needs assistive device</u>		<u>Needs full-time care</u>
1	2	3	4	5

How severe is the patient's visual impairment? (JLAD does not train dogs to assist visual impairment.)

<u>None/correctible with glasses</u>		<u>Needs assistive device</u>		<u>Blind</u>
1	2	3	4	5

How severe is the patient's auditory impairment? (JLAD does not train dogs to assist auditory impairment.)

<u>None</u>		<u>Needs assistive device</u>		<u>Deaf</u>
1	2	3	4	5

How severe is the patient's cognitive impairment?

<u>None</u>		<u>Often needs assistance</u>		<u>Needs full-time care</u>
1	2	3	4	5

Do limitations affect patient's ability to control his/her own behavior?

<u>Normal</u>		<u>Moderate</u>		<u>Poor self-control</u>
1	2	3	4	5

How effective is the patient at handling and overcoming their limitations?

<u>Ineffective</u>		<u>Moderate</u>		<u>Very competent</u>
1	2	3	4	5

How reliable is the patient – on time for appointments, compliant with medications, etc.?

<u>Unreliable</u>		<u>Moderate</u>		<u>Very reliable</u>
1	2	3	4	5

To what degree do limitations affect patient's ability to perform Activities of Daily Living\* (ADL):

<u>Normal</u>		<u>Moderate</u>		<u>Totally reliant</u>
1	2	3	4	5

\* Activities of Daily Living (ADL) refers to the ability to meet personal care needs, i.e. feeding, bathing, dressing, etc., as well as the ability to perform tasks necessary for independent living, i.e., be compliant with therapy and medications, manage finances, maintain home, acquire outside services.

Cognitive and Emotional Evaluation of Patient:

Yes Minimally No

A. Able to exercise judgment and make decisions necessary for ADL

\_\_\_ \_\_\_ \_\_\_

- B. Able to sustain attention span \_\_\_ \_\_\_ \_\_\_
- 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 about personal and others' needs and safety \_\_\_ \_\_\_ \_\_\_

Is incapacity due to or affected by patient's alcoholism or drug abuse?  Yes  No

IF YES:

A. Has patient ever been in treatment facility?  Yes  No

If yes, when and duration? \_\_\_\_\_

A.Has permanent damage resulted?  Yes  No

B.Has patient refused treatment or referral to a treatment center?  Yes  No

Joys of Living Assistance Dogs may be skilled at the following tasks:

· Manners and obedience	· Enhance balance while walking
· Retrieve dropped articles	· Enhance balance while going up or down stairs
· Push Lifeline or 911 button	· Provide brace for transfers or getting up from floor/chair
· Find and retrieve phone	· Assist in pulling wheelchair
· Find help	· Retrieve adaptive equipment
· Retrieve from refrigerator	· Carry items in mouth or backpacks
· Push handicap buttons	· Take items to another person
· Turn lights off and on	· Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off
· Open and close doors	

JLAD dogs have good manners and basic obedience. Their job is to provide assistance with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving a JLAD dog? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_ Can you  
recommend that this patient receive a JLAD dog?  Yes  No  
Why or Why Not? \_\_\_\_\_

Do you feel that the client is capable of properly caring for a service dog? This would include the daily physical needs of the dog as well as the substantial financial commitment a service dog requires. (we estimate \$2000/ yearly)  No  Yes

May we contact you with questions?  No  Yes

Additional Comments or Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of physician or therapist: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:  
JLAD  
PO Box 12023  
Salem Or 97309  
503-551-4572

**APPLICATION PART D** (Military PTSD only)

**Mental Health Consultation Form**

Please ask your mental health provider to complete this form, sign the release below, and ask your provider to return it directly to JLAD.

Client's Last name \_\_\_\_\_ First \_\_\_\_\_ Sex: \_\_\_\_ Date of Birth \_\_\_\_\_

Release of Medical Information

This authorizes you to release information regarding my condition to JLAD, Inc. This information will be used to evaluate and assess my situation and is essential for JLAD to train a service dog to increase my independence All information is confidential.

Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.

Printed name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Relationship or title and agency  
\_\_\_\_\_

Agency address and phone number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the Mental Health Provider:

- We maintain confidentiality of our clients' records. What you write here will not be shared with your patient unless you give express permission.
- If you have questions, please contact JLAD at (503) 551-4572. Please mail the completed form to:

JLAD  
PO Box 12023  
Salem Or 97309  
[info@joydogs.org](mailto:info@joydogs.org)

Provider's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

What is patient's primary diagnosis? \_\_\_\_\_

What other conditions/diagnoses does the patient have? \_\_\_\_\_

Prognosis for duration of impairment(s):  
\_\_\_\_\_

Prognosis for progression of impairment(s):  
\_\_\_\_\_

Medications taken on a regular basis (please list): \_\_\_\_\_

Do limitations affect patient's ability to control his/her own behavior?

<u>Normal</u>		<u>Moderate</u>		<u>Poor self-control</u>
1	2	3	4	5

How effective is the patient at handling and overcoming their limitations?

<u>Ineffective</u>		<u>Moderate</u>		<u>Very competent</u>
1	2	3	4	5

How reliable is the patient – on time for appointments, compliant with medications, etc.?

<u>Unreliable</u>		<u>Moderate</u>		<u>Very reliable</u>
1	2	3	4	5

Please summarize the state of the Veteran’s mental health and treatment, including but not limited to addressing if the Veteran is actively suicidal and how he/she copes with anger management issues:

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**Two Support Individuals**

The Veteran must provide names and contact information of two individuals who have agreed to provide support to the service dog team. These individuals must also agree to provide immediate and temporary home for the dog should an emergency arise.

**Contact #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Contact #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Consent to Communicate with Mental Health Providers**

I \_\_\_\_\_ (Veteran name) hereby give the staff at JLAD or its consultant permission to communicate directly with my mental health provider or treatment team.

\_\_\_\_\_  
Signature Date

**Family Support/Person Form**

**Veteran Letters of Support**

We will need a physical letter from the Veteran’s family and or support person acknowledging their support of the Veteran’s application for a service dog, stating that they support the process, placement of the dog, and the follow-up of the team.

Please send support letter (s) to:



JLAD  
PO Box 12023 Salem Or 97309  
info@joydogs.org

**APPLICATION PART E**

**Financial Plan for Your Dog**

The below questions are meant for you to think critically about the financial impact a service dog may have on your life. It is important to understand the financial responsibility that goes along with caring for the dog, including (but not limited to) food, veterinary care, treats, toys, beds, and (possibly) boarding. Please carefully consider the following questions:

- We estimate that the cost of a service dog is approximately \$2000 per year. This is a basic estimate based on the cost of food, a yearly checkup for your dog, vaccinations, and a small stipend for unexpected veterinary occurrences. Do you feel comfortable taking on this cost?  Yes  No, explain

\_\_\_\_\_

- Although the above amount of \$2000 per year is a good place to begin budgeting, unexpected veterinary occurrences can happen. Please read the following scenario and explain how you would respond to the circumstances.

You have taken your dog to a dog park for some exercise and play. Your dog starts playing with another dog and they are tumbling around the yard. Later when you get home, your dog appears to be limping and cannot put any weight on one of his legs. You take your dog to the vet and find out that he has torn a ligament and needs TPLO surgery – a not uncommon occurrence in large dogs. The cost will be anywhere from \$2,980-\$3,180 for surgery and post-operative expenses. Please describe how you would proceed.

\_\_\_\_\_

- Is there a limit to the amount you could spend on veterinary care?
- How much is too much to spend? \$ \_\_\_\_\_
- Would you ever consider euthanasia due to medical costs? \_\_\_\_\_

Have you ever, in the past, had to euthanize a pet due to the cost of medical care? If yes, please describe the situation: \_\_\_\_\_

\_\_\_\_\_

We highly recommend that you have liability insurance that will cover any damage done by your dog as well as damage done to your dog.

Source of Income

Professional    Self-Employed    Government Benefits    Other

If you are employed, please describe your work: \_\_\_\_\_

Number of years in current place of work: \_\_\_\_\_

**Securing the Sale Price of your Dog**

The sale price of our dogs is subject to change each calendar year. We will honor the price of the dog for the calendar year the application is received.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please contact us should you have any questions, and follow up with others to assure the application is submitted in its entirety in a timely fashion to:**

JLAD  
PO Box 12023  
Salem Or 97309