



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

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>Military Personnel Only: 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>

What are your expectations of the dog?

What is your disability?

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?

How long have you been disabled? _____

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

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										
<u>Left Side</u>																					<u>Right Side</u>
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.

What is your veterinarian's name and phone number?

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)

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

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

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

Will it be difficult for you

- to attend weekly training classes with your dog at our facility in Salem, OR
 Yes No
- to attend placement classes at the JLAD Training Center in Salem, Oregon for five hours a day for 2 weeks?
 Yes No

Please explain any YES answer:

Do you agree to the following conditions?

That when your dog is in coat in public the dog will be kept on leash.

Yes No, explain

The dog being trained 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 your trained dog will not be in a yard or kennel for long periods of time.

Yes No, explain

Your trained 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

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

That your trained 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

That you must assume full responsibility as caretaker of your trained 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
-
-

- 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

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. 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 JLAD.

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

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)

None		Needs assistive device		Needs full-time care
1	2	3	4	5

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

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

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

None		Needs assistive device		Deaf
1	2	3	4	5

How severe is the patient's cognitive impairment?

None		Often needs assistance		Needs full-time care
1	2	3	4	5

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

Normal		Moderate		Poor self-control
1	2	3	4	5

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

Ineffective		Moderate		Very competent
1	2	3	4	5

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

Unreliable		Moderate		Very reliable
1	2	3	4	5

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

Normal		Moderate		Totally reliant
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:

	<u>Yes</u>	<u>Minimally</u>	<u>No</u>
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 having a service dog? If so, please describe:

Can you recommend that this patient have a service 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

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?

Normal		Moderate		Poor self-control
1	2	3	4	5

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

Ineffective		Moderate		Very competent
1	2	3	4	5

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

Unreliable		Moderate		Very reliable
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:

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