



**Service
Dogs**
your way of living

UDS SERVICE DOGS RECIPIENT APPLICATION

The popularity of service dogs is increasing and currently our waiting list could be as long as 3 years. We currently use Golden Retrievers, Labrador Retrievers and Boxers in our program. We try to work with our clients with specific allergy requirements.

Our program offers one-on-one client training. Our clients receive individualized training designed specifically for their individual needs. We do require that our clients attend some training sessions at our training facilities in Smoketown, PA.

The estimated value of a service dog is over \$20,000. UDS Service Dogs charges each person who receives a trained service dog \$5,000.00. Our fee is based on the individualized training we give to each client and the amount of monies already invested in training each service dog. We require \$250.00 at placement and will accept payments over a period of two years for the balance. We will work with you on ideas for fundraisers to assist in obtaining a service dog.

Please take into consideration the ongoing expenses of having a service dog before returning the application documents along with a \$25.00 application processing fee. This is a commitment that will require ongoing dedication in order for you and your service dog to achieve success.

If you would like more information on applying, contact Jill Harris, Program Manager at (717) 397-1841.

Name _____ Date _____

Address _____ Phone _____

Place of employment _____

Address _____ Phone _____

Emergency Contact _____ Relationship _____

Address _____ Phone _____

What is your primary disability? _____

What is the cause of your disability? _____

Are there significant secondary disabilities? ____ Yes ____ No

Please describe _____

At what age were you disabled? _____ Is your disability progressive? ____ Yes ____ No

Date of birth _____ Weight _____ Height _____ Sex ____M ____F

Circle all that apply:

What are the effects of your disability?

- | | | |
|-----------------------|--------------------|-------------------|
| Speech impairment | Reduced stamina | Hearing loss |
| Memory loss | Vision impairment | Spasticity |
| Coordination problems | Deafness | Muscular weakness |
| Limited mobility | Slowed development | |

Do you have any of the following problems?

- | | | |
|---------------------|------------------|-----------------------|
| Allergies | Chronic pain | Depression |
| Seizures | Balance | Brittle Bones |
| Heightened emotions | Skin sensitivity | Heat/Cold sensitivity |

Do you use an assistive device?

- | | | |
|-----------------------|---------------------|-------------|
| Prosthesis | Leg brace | Walker |
| Wrist brace | Hearing aid | Crutch/cane |
| Wheelchair (electric) | Wheelchair (manual) | |

Can you:

- | | | | | |
|---------------------------------|-------------------|--------------------|-------------------|--------------|
| A. Pick up items off the floor? | <i>Always</i> | <i>Often</i> | <i>Sometimes</i> | <i>Never</i> |
| B. Push elevator buttons? | <i>Always</i> | <i>Often</i> | <i>Sometimes</i> | <i>Never</i> |
| C. Turn lights on and off? | <i>Always</i> | <i>Often</i> | <i>Sometimes</i> | <i>Never</i> |
| D. Push a manual wheelchair? | <i>Always</i> | <i>Often</i> | <i>Sometimes</i> | <i>Never</i> |
| E. Flex your wrist? | <i>Left wrist</i> | <i>Right wrist</i> | <i>Neither</i> | |
| F. Make a fist? | <i>Left hand</i> | <i>Right hand</i> | <i>Not at all</i> | |

Do you:

- | | | |
|---------------------------------|------------|------------------|
| Drive | Ride buses | Fly in airplanes |
| Travel distances on foot/wheels | | Driven by others |

Are you:

- | | |
|--------|---------|
| Single | Married |
|--------|---------|

Do you live:

- | | | |
|--------------------------|--------------|-----------|
| Alone | With Parents | Attendant |
| Spouse/significant other | Roommates | |

Do you live with or have children, or do children visit regularly? _____ Yes _____ No

Number of children _____ Ages _____

Do you:

A. Use a:	Manual chair	Electric chair	Scooter	Walker/Crutches
B. Transfer by:	Standing	Pivoting	Slide board	With help
C. Is your speech:	Clear-rapid	Clear-slow	Slurred	Difficult
D. Communicate best by:	Voice	Letter board	Interpreter	Other
E. Walk:	Short distances	Only with support	On level ground	No
F. Lift your arms:	Above your head	To your shoulders	Only slightly	
G. Exercise:	Regularly	Often	Sometimes	Infrequently
				Never

Is your...

A. Voice:	<i>Loud</i>	<i>Average</i>	<i>Soft</i>		
B. Lung capacity:	<i>Normal</i>	<i>Somewhat limited</i>		<i>Very limited</i>	
C. Hearing:	<i>Normal</i>	<i>Somewhat limited</i>		<i>Very limited</i>	<i>Deaf</i>
D. Balance:	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>		<i>Poor</i>
E. Endurance:	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>		<i>Poor</i>
F. Mobility:	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>		<i>Poor</i>
G. Physical strength:	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>		<i>Poor</i>
H. Speed of reaction:	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>		<i>Poor</i>
I. Vision (with correction):	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>		<i>Poor</i>

Circle all that apply:

Are you:

A. Extra sensitive to heat	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
B. Extra sensitive to cold	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
C. Extra sensitive to pain	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>
D. Socially active	<i>Always</i>	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>

Does your current living situation have:

Animals in the household:	Dogs	Cats	Other
A fenced yard	Enclosed outside area	Park or yard nearby	
Neighbors in close proximity	Busy streets nearby		
Neighborhood dogs running loose			

Do you:

Work/volunteer outside the home	Work/volunteer from/at home	Attend school
Shop – groceries, clothes, etc exercise	Engage in recreation outside the home	Formally

Do you belong to any clubs, groups, or organizations listed below?

Lions
Rotary

Veterans
Kiwanis

GFWC

What tasks/jobs are you interested in having a service dog do for you? Why? _____

Please describe personal/physical care management practices that you have which could affect the service dog placement. _____

Please describe your home life, social activities, hobbies, and lifestyle in general. _____

Please describe how you will handle the following areas of dog care:

- A. Feeding _____
- B. Grooming _____
- C. Toileting _____
- D. Vet care _____
- E. Financial costs _____
- F. If you are hospitalized _____
- G. Flea problems _____
- H. Family, friend involvement _____
- I. Access issues _____
- J. Dog behavior problems _____

Are you the kind of person who:

Enjoys people contact?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Is a risk taker?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Easily expresses emotions?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Likes to be in charge?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Is easily bored with people?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Is determined to accomplish goals?	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>

Rate yourself in the following areas:

Assertive	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Self-confident	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Ability to respond rationally to crisis	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Ability to accept criticism/correction	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Willing to learn new concept	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Ability to laugh at self	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>
Personal shyness	<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Often</i>	<i>Always</i>

Are you able to travel for your interview? _____ Yes _____ No

If no, please explain. _____

Do you currently have a pet? _____ Yes _____ No

If yes, list the type of pet, age and whether this is an inside or outside pet _____

Applicant Signature _____

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

Name (please print) _____

Relationship _____

Address _____

Phone _____

Parent or Legal Guardian Signature _____

UDS Service Dogs ***APPLICANT MEDICAL HISTORY FORM***

This form is to be completed by your physician and sent together with your other application materials to UDS Service Dogs.

Doctor's Name _____ **Type of practice** _____

Address _____

City _____ **County** _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

Patient Information:

What is this patient's primary disability? _____

What was the cause of the disability? _____

Are there significant secondary disabilities? _____ Yes _____ No

Is so, please describe: _____

At what age was (s)he disabled? _____ Is this disability progressive? _____ Yes _____ No

Is there an incapacity due to or affected by alcoholism or drug abuse? _____ Yes _____ No

Check all that apply:

What are the effects of your patient's disability? (*Check all that apply*)

<input type="checkbox"/> Deafness	<input type="checkbox"/> Speech impairment	<input type="checkbox"/> Reduced stamina
<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Coordination problems	<input type="checkbox"/> Limited mobility
<input type="checkbox"/> Memory loss	<input type="checkbox"/> Vision impairment	<input type="checkbox"/> Slowed development
<input type="checkbox"/> Spasticiat	<input type="checkbox"/> Muscular weakness	Other: _____

Does patient have any problems with... (*Check all that apply*)

<input type="checkbox"/> Allergies	<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Heightened emotions
<input type="checkbox"/> Depression	<input type="checkbox"/> Seizures	<input type="checkbox"/> Skin sensitivity
<input type="checkbox"/> Balance	<input type="checkbox"/> Brittle bones	<input type="checkbox"/> Heat/cold sensitivity

Does patient use an aid or assistive device? (Check all that apply)

Prosthesis Wheelchair(manual) Wheelchair(electric)
 Leg brace Wrist brace Hearing aid
 Crutch/cane Walker Other: _____

Activities of Daily Living

Is this patient: *Please Circle Below*

- A. Able to exercise judgment and make decisions necessary for daily living? Yes Minimally No
- B. Able to sustain an attention span? Yes Minimally No
- C. Manifesting inappropriate behavior beyond his/her control? Yes Minimally No
- D. Able to control physical and motor movement sufficient to sustain daily living? Yes Minimally No
- E. Capable of perception and memory to the degree necessary to sustain daily living? Yes Minimally No
- F. Able to follow directions and learn to the degree necessary to sustain daily living? Yes Minimally No
- G. Under medication which impairs physical or mental functioning? Yes Minimally No
- H. Capable of decisions concerning self and others needs and safety? Yes Minimally No

Can you recommend this individual for an assistance dog? Yes No

Do you feel the assistance dog program might benefit from a consultation with you? Yes No

Comments:

Physician's Signature _____ Date _____

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Date received _____ By _____

Application complete? _____

Application fee enclosed? _____ Check/Money Order/Cash _____

Date of interview _____ Interviewer _____

Accepted/Rejected _____ **Reason for rejection** _____