SERVICE DOG APPLICATION

Applicant’s Name ___________________________________________ Date ____________

Part 1

Thank you for requesting a service dog application from UDS Service Dogs Program. The addition of a service dog into a person’s life is a big commitment. The benefits, both physical and emotional, are significant. We encourage interested parties to apply for a dog. This in no way commits the applicant to a decision, but instead indicates an interest and allows us to schedule an interview to discuss the specifics of the program and how a dog may fit into and benefit the individual’s life.

We will consider placing a full service dogs with a child who is at least 10 years of age. It is felt that younger children do not have the developmental skills necessary to allow for the consistent care and handling that is so vital for the success of a working team.

Since the usual waiting period for placement can be up to 3 years, please do not hesitate to complete the application if your child is currently age 7 or older. It is important that we learn about the applicant, so we ask that the person applying for the dog complete the application. If unable to do so, please complete it using the applicant’s own words. In the case of children under the age of 18 we support the assistance of the parents and/or guardian.

There is a $25 non-refundable processing fee that must be included with the application. Once the application has been reviewed, an initial interview will be scheduled.

UDS Service Dogs Program is an accredited member of Assistance Dogs International. UDS Service Dogs respects the privacy of its applicants and recipients and all information is kept confidential although files may be periodically reviewed by accreditation agencies to ensure UDS Service Dogs Program commitment to the highest standards of excellence in the assistance dog industry.

UDS Service Dogs Program conducts its business and acceptance process in a manner that will not discriminate against anyone on the basis of race, color, religion, gender, national origin, age, the presence of mental or physical disability, sexual preference, life expectancy, or whether the individual is a disabled veteran or veteran of any era. It is UDS Service Dogs Program’s policy to treat everyone who comes in contact with our organization with respect and dignity at all times.

At no time will UDS Service Dogs Program require applicants, students, or graduates to participate in fundraising or marketing activities on behalf of our program.

I have read, understand, and agree to Part 1 of this application (please initial): ___ (parent/guardian please initial if applicant is under the age of 18 years): ______
Part 2

What to expect after you apply for a service dog:
You will participate in an initial interview. Initial interviews are held in person at UDS Service Dogs Program training facility. If the applicant is under the age of 18, all custodial parents or legal guardians must attend the interview. Expenses associated with travel, and lodging if necessary, are the applicant’s responsibility.

What to expect after your interview:
You will receive a letter within 30 days of your interview. Your letter will either be an acknowledgement that you have been placed onto our applicant waiting list or indicate that our program is not a good fit for your needs. We will be in contact with you IF a potential match is found.

What to expect while you are on the applicant waiting list:
* We encourage you to attend weekly training classes (or as many as possible).
* We encourage you to attend bi-weekly Saturday outings whenever possible.
* We recommend you start fundraising for expenses associated with having a service dog.
* We encourage you to be excited, enthusiastic and patient. We will do our best to place a dog to meet your needs in a timely manner.
* We may contact you to come to meet some dogs to see if there is a potential match among them.
* We encourage you to contact us with questions or concerns; we are here to help make this process as smooth and comfortable for you as we can. Our office hours are Mondays-Thursdays 9am-5pm.

What to expect after a match has been found:
You will participate in an Individual or Team Training. The length of our Team or Individual Training is generally determined closer to when we find the right dog for you. Generally it will follow a 2-3 week schedule.

What to expect after you receive your Service Dog:
* The 1st year will be a challenging year of ups and downs as you and your service dog learn to work together and form your handler/dog relationship and bond.
* You will be responsible for annual Public Access Tests to keep your certification current and this test will take place in Lancaster, PA.
* Our program staff stays available to answer any questions you have as you navigate using your service dog.

I have read, understand, and agree to Part 2 of this application (please initial): ___
(parent/guardian please initial if applicant is under the age of 18 years): _____
Part 3

Name of Applicant _______________________________ Date __________________

All Parents/Guardians’ names if Applicant is under the age of 18:
_____________________________ _________________________________
_____________________________ _________________________________

Address _______________________________ Phone ________________
_____________________________________ Email address: ______________

Place of employment ____________________________________________

Address _______________________________ Phone ________________

Please list your occupation: ________________________________________

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

Please list all other assistance dog organizations you have applied to and your status with them:
________________________________________________________________________

If you have been denied by any assistance dog organization, please list the date and the reason why: ____________________________________________
Check 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)

Do you require the assistance of an aid or family member for daily living skills? If so, what are that person’s responsibilities and number of hours worked per day and how many days per week?

__________________________________________________ ______________________

Can you:

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

Do you:

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

Do you have a valid driver’s license? _____ Yes _____ No

Do you currently operate a motor vehicle? _____ Yes _____ No

If yes, do you utilize any adaptive equipment while driving? ________________________________

Are you:

☐ Single ☐ Married ☐ In a Relationship
Do you live:

- [ ] Alone
- [ ] With Parents
- [ ] Attendant
- [ ] Spouse/significant other
- [ ] Roommates

Number of children in the home ____________ Ages ____________________

Do you have children who visit you? ____________ How often? ____________

Do you (circle answers that apply to you specifically):

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 to understand

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  
   - [ ] Loud  
   - [ ] Average  
   - [ ] Soft

B. Lung Capacity  
   - [ ] Normal  
   - [ ] Somewhat limited  
   - [ ] Very limited

C. Hearing  
   - [ ] Normal  
   - [ ] Somewhat limited  
   - [ ] Very limited  
   - [ ] Deaf

D. Balance  
   - [ ] Excellent  
   - [ ] Good  
   - [ ] Fair  
   - [ ] Poor

E. Endurance  
   - [ ] Excellent  
   - [ ] Good  
   - [ ] Fair  
   - [ ] Poor

F. Mobility  
   - [ ] Excellent  
   - [ ] Good  
   - [ ] Fair  
   - [ ] Poor

G. Physical strength  
   - [ ] Excellent  
   - [ ] Good  
   - [ ] Fair  
   - [ ] Poor

H. Speed of reaction  
   - [ ] Excellent  
   - [ ] Good  
   - [ ] Fair  
   - [ ] Poor

I. Vision (with correction)  
   - [ ] Excellent  
   - [ ] Good  
   - [ ] Fair  
   - [ ] Poor

Are you:

A. Extra sensitive to heat  
   - [ ] Always  
   - [ ] Often  
   - [ ] Sometimes  
   - [ ] Never

B. Extra sensitive to cold  
   - [ ] Always  
   - [ ] Often  
   - [ ] Sometimes  
   - [ ] Never

C. Extra sensitive to pain  
   - [ ] Always  
   - [ ] Often  
   - [ ] Sometimes  
   - [ ] Never

D. Socially active  
   - [ ] Always  
   - [ ] Often  
   - [ ] Sometimes  
   - [ ] Never

Does your current living situation have:

Animals in the household:  
   - [ ] Dogs  
   - [ ] Cats  
   - [ ] Other: ________________

- [ ] A fenced yard  
- [ ] Enclosed outside area  
- [ ] Park or yard nearby  
- [ ] 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

- [ ] Engage in recreation outside the home  
- [ ] Formally exercise
Do you belong to any clubs, groups, or organizations listed below?

☐ Lions ☐ Veterans ☐ GFWC
☐ Rotary ☐ Kiwanis ☐ Soroptimists

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:

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<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
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<tr>
<td>Enjoys people contact?</td>
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<td>Is a risk taker?</td>
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<tr>
<td>Easily expresses emotions?</td>
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<td>Likes to be in charge?</td>
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<td>Is easily bored with people?</td>
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<td>Is determined to accomplish goals?</td>
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Rate yourself in the following areas:

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<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
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<td>Assertive</td>
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<td>Self-confident</td>
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<td>Ability to respond rationally to crisis</td>
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<td>Ability to accept criticism/correction</td>
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<td>Willing to learn new concepts</td>
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<td>Ability to laugh at self</td>
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<tr>
<td>Personal shyness</td>
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Please list your sources of income:
________________________________________________________________________________

Do you have any experience working with animals? If yes, please explain:
________________________________________________________________________________
________________________________________________________________________________

Have you ever been convicted of a misdemeanor, summary offense, or felony related to the abuse, mistreatment, neglect or harm to animals? ____ Yes _____ No

If yes, describe in detail including the state and date in which the conviction was made:
________________________________________________________________________________
________________________________________________________________________________

Would you be able to come to our organization for the required two week training course? (This occurs when we are ready to place a dog with you) __________________________

The cost of travel, lodging and meals is the applicant’s responsibility.

How did you hear about the UDS Service Dogs Program? __________________________
Part 4

PLEASE INCLUDE WITH YOUR APPLICATION THE FOLLOWING:

THE COMPLETED APPLICATION

A PHOTO OF THE APPLICANT

A LETTER OF RECOMMENDATION
This letter must be written by someone outside of your immediate family.

A MEANING AND FUNCTION OF A SERVICE DOG ESSAY
Please explain why you feel a service dog would be beneficial. Which of your daily activities could be accomplished more easily and independently with the help of a service dog? How do you feel a service dog could help you other than with physical tasks? What do you feel you will be able to offer the dog in return?

A Service Dog is specifically trained to perform a minimum of 3 tasks to mitigate the aspects of the client’s disability. List what tasks you believe a Service Dog could do for you? Note: retrieval is one task and can include retrieving multiple items however it is still considered 1 task!

Please complete essay on separate pieces of paper. Essay must be in the words of the person applying for the dog.

A DVD OR PICTURES OF THE APPLICANT’S HOME
Please show us around your home and introduce all family members and pets. You may also want to include your school, workplace, and other places where you spend a lot of time.

$25 NON-REFUNDABLE APPLICATION PROCESSING FEE

MEDICAL FORMS
Have your Doctor complete the medical form that came with your application and return it with all the other required documents at the same time.

HIPPA CONSENT TO RELEASE INFORMATION FORM
This form was also included with your application packet.

Note: Please review all your documentation before returning to the UDS Service Dogs Program. It is extremely important that we receive all the information requested at the same time in order to give your application our full attention and consideration.

Thank you!
COMPLAINT POLICY FOR NON-EMPLOYEES

Part 5

Any non-employee (volunteer/applicant/student/recipient/donor) who has a grievance concerning UDS Service Dogs Program practices has the right to file a complaint according to procedures outline in this policy. Grievances may include, but are not limited to, a perception of violation of rights; quality of service; discrimination based on category of race, age, disability, etc.; or other matter.

Complainants are treated with dignity and respect at all times, regardless of the nature of their complaint. They will not be discriminated against, harassed, intimidated, or suffer any reprisal as a result of filing a complaint or participating in an investigation of a complaint. If an individual feels that he or she is being subjected to any of the above that person has the right to appeal directly to the Program Manager.

Affected parties should attempt to resolve the problem informally as soon as possible. Volunteers, Donors, Applicants, Students, Recipients should talk with the Program Manager. If a solution cannot be reached, the person may present a formal complaint, in writing to the President and CEO of UDS. Formal complaints and responses to them will be documented and kept on file.

All complaints are handled in a timely manner. As a goal, UDS Service Dogs Program will attempt to resolve a complaint within 25 working days from the time of its initiation. If an extension of the time limit becomes necessary all involved parties will be notified.

I have read, understand, and agree to the Complaint Policy for Non-employees as presented above.

Print Name: ________________________________

Signature: __________________________ Date: __________________

Parent/Guardian’s Signature if Applicant, Volunteer, Student, Recipient/Donor is under the age of 18 years: ________________________ Date: ________________

Return this completed application along with the items listed on page 8 and all requested medical forms to the address listed below. Please allow up to 45 days for processing and scheduling of your initial interview. If you have any further questions please call (717) 397-1841.

UDS Service Dogs Program, 2270 Erin Court, Lancaster, PA 17601

www.udservices.org
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 ____________________________________________

FOR OFFICE USE ONLY

Date received ____________________ By ________________________________

Application complete? ______________________________________________________

If not, what is missing? ______________________________________________________

Date of interview ________________ Interviewer ________________________________

Payment Enclosed? ____________________________

Accepted/Rejected ____________ Reason for rejection ____________________________
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 Program.

Dr. ____________________________

Please release the requested information regarding my condition to the above identified organization. This information will help determine my abilities in regards to the place of an assistance dog.

Applicant’s Name (please print): ____________________________

Applicant’s Signature: ____________________________ Date: __________________

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

If yes, please describe: ________________________________________________

At what age was (she/he) disabled? ____ Is this disability progressive?___ Yes ___ No

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

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

___ Deafness          ___ Speech Impairment    ___ Reduced stamina
___ Hearing loss      ___ Coordination problems ___ Limited mobility
___ Memory loss       ___ Vision impairment    ___ Slowed development
___ Spasms           ___ Muscular weakness    Other: ___________________
Does your patient have any problems with: (Check all that apply)

___ Allergies  ___ Chronic pain  ___ Heightened emotions
___ Depression  ___ Seizures  ___ Skin sensitivity
___ Balance  ___ Brittle bones  ___ 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 judgement 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 Signature: _____________________________ Date: ________________
Medical License # _____________________________
CONSENT TO RELEASE INFORMATION

I, _______________________, hereby authorize ____________________________
To release/exchange information contained in my medical records to the following individuals
and/or organizations, for the purpose listed below.

Name of persons(s) organization(s) and address to whom disclosure/exchange is to be
made:

UDS Service Dogs Program Staff
1901 Olde Homestead Lane
P.O. Box 10485
Lancaster, PA  17601

Specific type of information to be disclosed/exchanged:

( ) Diagnosis                                   ( ) Medical information/examination
( ) Attendance                                  ( ) Recommendations
( ) Progress                                    ( ) Drug/Alcohol History
( ) Financial                                   (X) Other: physical needs as pertaining to service
dog work

The purpose/need for such disclosure/exchange:
To determine the best possible match of consumer and service dog

____________________________________  ____________________
Consumer or Legal Guardian Signature          Date

____________________________________
Witness Signature                            Date

I understand that I can revoke this consent at any time by signing my name below:

____________________________________  ____________________
Consumer (Legal Guardian) Signature          Date

____________________________________
Witness Signature                            Date
PRE-SERVICE DOG APPLICATION INQUIRY AUTHORIZATION RELEASE

As a condition of receiving a Service Dog with United Disabilities Services Foundation (UDSF) Service Dogs Program, I am aware that all Applicants applying for a UDS Service Dog must submit to background clearances, i.e. a criminal records check/history. The clearance is for the protection of the program staff, trainers, consumers and volunteers that are part of the UDS Service Dogs Program.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. The following is my complete and legal name, and all information is true and correct to the best of my knowledge. I understand that the penalty for falsifying any of the information listed below is grounds for immediate rejection of my application for a UDS Service Dog.

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<tr>
<th>Last Name:</th>
<th>First:</th>
<th>Middle:</th>
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Applicant’s Signature: | Date of Birth: |
|------------------------|---------------|

Continuous PA Resident since: / /

Social Security Number

Response to the questions in this section are for ID only.

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<tr>
<th>Race:</th>
<th>Sex:</th>
<th>M</th>
<th>F</th>
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Driver’s License No: STATE:

Former Names and time frames (if applicable)

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<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Dates (Month and Year)</th>
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