



OWNER TRAINED PROGRAM APPLICATION

Applicant's Name _____ Date _____

Part 1

Thank you for requesting an Owner Trained Program 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 generally no longer place full service dogs with children under the age of 10. 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.

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 a Candidate 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.

The cost of the 2 year program is \$3,500; ½ this cost is due upon signing of the initial contract and the balance is due in monthly payments over the next 11 months.

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 when you apply for a service dog:

You will participate in an initial interview. 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 and in-home evaluation visit:

You will receive a letter within 30-45 days of your interview. Your letter will either be an acceptance into our Owner Trained Program and we will begin to assist you in finding the right puppy to begin our program or you will receive a rejection letter that we don't feel this program is a good fit for your needs.

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

Are you a veteran? Yes No

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?

- | | | |
|--|---|--|
| <input type="checkbox"/> Speech impairment | <input type="checkbox"/> Reduced stamina | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Memory loss | <input type="checkbox"/> Vision impairment | <input type="checkbox"/> Spasticity |
| <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Deafness | <input type="checkbox"/> Muscular weakness |
| <input type="checkbox"/> Limited mobility | <input type="checkbox"/> Slowed development | |

Do you have any of the following problems?

- | | | |
|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Balance | <input type="checkbox"/> Brittle Bones |
| <input type="checkbox"/> Heightened emotions | <input type="checkbox"/> Skin sensitivity | <input type="checkbox"/> Heat/Cold sensitivity |

Do you use an assistive device?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Leg brace | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Wrist brace | <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Crutch/cane |
| <input type="checkbox"/> Wheelchair (electric) | <input type="checkbox"/> 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:

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

Do you:

- | | | |
|--|---|---|
| <input type="checkbox"/> Drive | <input type="checkbox"/> Ride buses | <input type="checkbox"/> Fly in airplanes |
| <input type="checkbox"/> Travel distances on foot/wheels | <input type="checkbox"/> 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: | <i>Manual chair</i> | <i>Electric chair</i> | <i>Scooter</i> | <i>Walker/Crutches</i> |
| B. Transfer by: | <i>Standing</i> | <i>Pivoting</i> | <i>Slide board</i> | <i>With help</i> |
| C. Is your speech: | <i>Clear-rapid</i> | <i>Clear-slow</i> | <i>Slurred</i> | <i>Difficult to understand</i> |
| D. Communicate best by: | <i>Voice</i> | <i>Letter board</i> | <i>Interpreter</i> | <i>Other</i> |
| E. Walk: | <i>Short distances</i> | <i>Only with support</i> | <i>On level ground</i> | <i>No</i> |
| F. Lift your arms: | <i>Above your head</i> | <i>To your shoulders</i> | <i>Only slightly</i> | |
| G. Exercise: | <i>Regularly</i> | <i>Often</i> | <i>Sometimes</i> | <i>Infrequently</i> <i>Never</i> |

Is your...

- | | | | |
|-----------------------------|------------------------------------|---|---|
| A. Voice | <input type="checkbox"/> Loud | <input type="checkbox"/> Average | <input type="checkbox"/> Soft |
| B. Lung Capacity | <input type="checkbox"/> Normal | <input type="checkbox"/> Somewhat limited | <input type="checkbox"/> Very limited |
| C. Hearing | <input type="checkbox"/> Normal | <input type="checkbox"/> Somewhat limited | <input type="checkbox"/> Very limited <input type="checkbox"/> Deaf |
| D. Balance | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| E. Endurance | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| F. Mobility | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| G. Physical strength | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| H. Speed of reaction | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| I. Vision (with correction) | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Are you:

- | | | | | |
|----------------------------|---------------------------------|--------------------------------|------------------------------------|--------------------------------|
| A. Extra sensitive to heat | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| B. Extra sensitive to cold | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| C. Extra sensitive to pain | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| D. Socially active | <input type="checkbox"/> Always | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

Does your current living situation have:

Animals in the household: Dogs Cats Other: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> A fenced yard | <input type="checkbox"/> Enclosed outside area | <input type="checkbox"/> Park or yard nearby |
| <input type="checkbox"/> Neighbors in close proximity | | <input type="checkbox"/> Busy streets nearby |
| <input type="checkbox"/> Neighborhood dogs running loose | | |

Do you:

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

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

Rate yourself in the following areas:

	Never	Rarely	Sometimes	Often	Always
Assertive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to respond rationally to crisis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept criticism/correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willing to learn new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to laugh at self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal shyness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 within the first 6 months after you begin the Owner Trained Program)

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 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*)

- | | | |
|-------------------------------------|--|--|
| <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*)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Wheelchair (manual) | <input type="checkbox"/> Wheelchair (electric) |
| <input type="checkbox"/> Leg brace | <input type="checkbox"/> Wrist brace | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Crutch/cane | <input type="checkbox"/> 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: _____

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
2270 Erin Court
Lancaster, PA 17601

Specific type of information to be disclosed/exchanged:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Medical information/examination |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Progress | <input type="checkbox"/> Drug/Alcohol History |
| <input type="checkbox"/> Financial | <input checked="" type="checkbox"/> 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