

NEW HOPE ASSISTANCE DOGS, INC.
3 SCOTT RUN
WARREN, PA. 16365

PHONE (814) 726-1620
EMAIL: newhopedogs@yahoo.com

CLIENT APPLICATION

APPLICANTS NAME _____ SOCIAL # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE () _____ ALT PHONE () _____
*DOB _____ *AGE _____ *HEIGHT ___ft ___in *WEIGHT _____
SEX MALE / FEMALE ~ MARITAL STATUS ___SINGLE ___MARRIED ___DIVORCED ___WIDOWED
EMAIL ADDRESS _____@_____

*****If Applicant is under 18 years of age please complete following:**

Parent/Legal Guardian Name _____ Phone () _____
Address (if different from above) _____

PLEASE CIRCLE TYPE OF DOG REQUESTED ASSISTANCE ~ COMPANION ~ SKILLED COMPANION ~
HEARING ~ SEIZURE ALERT ~ SEIZURE RESPONSE ~ THERAPY ~ FULL SERVICE DOG ~ OTHER

*IF OTHER IS CIRCLED PLEASE EXPLAIN _____

*GLOSSARY OF TERMS OF TYPES OF DOGS ARE INCLUDED ON THE COVER LETTER.

MEDICAL DISABILITY INFORMATION:

***** PLEASE CIRCLE ALL THAT APPLY *****

AUTISM/ASPERGER'S SYNDROME PTSD ANGER ANXIETY DEPRESSION FEAR SEIZURES
DIABITIES MENTAL ILLNESS PSYCHOTIC DISORDER AVOIDANCE TOURETTES SYNDROME
PANIC ATTACKS NIGHT TERRORS ARTHRITIS AGGRESSION NIGHTMARES HYPER VIGILANCE
DISTRACTIBILITY FEELINGS OF ISOLATION STARTLE RESPONSE AVOIDANCE BEHAVIORS
FEELINGS OF BEING THREATENED AGRESSION SCHIZOPHRENIA DEMENTIA ALZHEIMER'S
BI-POLAR EATING DISORDER ADDICTIVE BEHAVIOR DISSOCIATION DOWN'S SYNDROME
CANCER LUKEMIA TUMORS TBI TREMORS PARKINSON ADHD ADD OCD

*HARMING ONSELF ~ CUTTING BURNING HITTING SELF

*1. Primary Diagnosis or Disability _____

Date of Primary Onset or Diagnosis _____

*2. Secondary Diagnosis or Disability _____

Date of Secondary Onset or Diagnosis _____

*3. Other Diagnosis or Disability _____

*4. WHAT AGE DID THE ONSET OF YOUR DISABILITY OCCUR? _____

*5. HOW DOES YOUR DISABILITY AFFECT DAILY LIVING~WHAT ARE YOUR FUNCTIONAL LIMITATIONS?
(PLEASE DESCRIBE PROBLEMS ~ WALKING DISTANCES ~ LEAVING YOUR HOME ON YOUR OWN ~ ABILITY TO BE IN CROWDS ~ ABILITY TO BE IN LARGE GROUPS ~ ABILITY TO CARRY ITEMS ~ ETC.) _____

ADDITIONAL MEDICAL QUESTIONS

*1. Verbal Skills ~ Do you have clear fluent annunciation? YES / NO If no please explain _____

*2. Dominate Hand~ Left/Right *3. Do you have grip strength in either hand? RIGHT YES / NO & LEFT YES / NO
If you have NO grip strength in either hand please explain what you can do _____

*4. Do you use any of the following adaptive equipment? Check all that apply & add any extra notes below
___ Manual Wheelchair ___ Power Wheelchair ~ Joystick on ___ Right / ___ Left
___ Power Scooter or 3 Wheel Cart ___ Crutches ~ type _____
___ Cane ~ type _____ ___ Walker ~ type _____
___ Braces ~ type _____ ___ Prosthesis ~ type _____
___ Other ~ specify _____

*5. How dependent on these assistants are you? _____minimally / _____moderate / _____extremely
How do they assist you? _____

*6. Do you have an attendant? YES / NO ~ If yes how many hours per day _____ days per week? _____

*7. What tasks does your attendant help you with? _____

ADDITIONAL MEDICAL QUESTIONS ~ CONTINUED

*8. Medications _____

*9. Primary Physician _____ Phone () _____

*10. Are you presently employed? Yes / No *Are you currently enrolled in school or college? Yes / No

*11. Do you have access to transportation? Yes / No ~ Is this transportation Public or Private

***HOUSEHOLD SIZE / TYPE/ OTHER MEMBERS ~ OTHER PETS~VET ~ETC.**

*1. HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____

*2. PLEASE LIST ~NAME / AGE & RELATIONSHIP TO YOU FOR EACH PERSON IN HOUSEHOLD

| NAME | AGE | RELATIONSHIP |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*3. DO YOU HAVE ANY PETS? YES / NO HOW MANY? _____ LIST ~ NAME/AGE & TYPE OF PETS

| NAME | AGE | TYPE OF PET OR BREED (DOGS) |
|-------|-------|-----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*4. Name of Veterinarian _____ Phone () _____

*5. DO YOU CURRENTLY RENT OR OWN YOUR HOME? _____ OWN / _____ RENT

*6. PLEASE DESCRIBE YOU HOME ___HOUSE / ___APARTMENT / ___MOBILE HOME / ___CONDO

*7. DO YOU LIVE IN ___COUNTRY / ___ CITY / ___ SUBURB / ___FARM / ___OTHER _____

*8. WHAT SIZE YARD DO YOU HAVE? _____ / _____ FENCED OR _____ UNFENCED

*9. IS YOU HOME TOTALLY ACCESSIBLE TO YOU? YES / NO / NOT APPLICABLE

*10. What type of support is available to assist in care for your dog (food, bathing, toileting, trips to the vet, etc.) in the event you are unable to perform these tasks? _____

MISCELLANEOUS QUESTIONS:

*1. Please describe in your own words why you want and how a Service Dog will help you become more productive in your everyday life both at home and in public? (please be as specific as possible and explain in detail exactly what you need and want a Service Dog to be able to help you do. The better the explanation the better we are able to supply you with a dog that meet your needs). _____

*2. How would having a Service Dog help assist you with your mental and psychological needs? _____

*3. Will you be physically and financially able to come to our training facility and spend 4-6 hours per day, for 5-7 days to learn how to command a Service Dog to assist you? YES / NO

-Please list any obstacles or concerns to be addressed in order for you to attend this training: _____

MORALITY QUESTIONS:

*1. Have you ever been convicted of any crimes including traffic violations? YES / NO

*2. Have you ever been charged with any criminal offenses, including traffic violations? YES / NO

*3. Do you have a history or violence or fighting? YES / NO

*4. Do you have a history of harming animals? YES / NO

*5. Have you ever been denied a Service Dog by any other organization? YES / NO

If yes please provide name of organization and date of denial

MILITARY SERVICE:

Branch _____ Dates of Service _____ to _____

Rank _____ Type of Discharge _____

In the past year have you been found fit or unfit for duty by a medical evaluation board?

___ FIT / ___ UNFIT / ___ HAS NOT BEEN REVIEWED

EDUCATION

If you checked yes on page 3, you are currently enrolled in school, college or etc. please complete below.

Name of School, College or University _____ Phone () _____

What grade? _____ What Major? _____ Degree? _____

How will a service dog help you access your school more independently? _____

CONSENT TO CONTACT FORM

I _____, give consent for the health care professionals listed below to
(print Applicants full name)

release to New Hope Assistance Dogs Inc. information relating to my current mental health, health and home/work/school environments. I understand that the information requested is confidential, will not be released to any person or agency outside New Hope Assistance Dogs, Inc., and will be used for the sole purpose of assessing my qualifications for a Service Dog and ability to provide a suitable home for a Service Dog.

Please list the names, addresses and phone numbers for all those applicable to your application

Primary Doctor _____ Phone _____
Address/City/St/Zip _____

Home Health Care Assistant _____ Phone _____
Address/City/St/Zip _____

Speech / Occupational Therapist _____ Phone _____
Address/City/St/Zip _____

Recreational Therapist _____ Phone _____
Address/City/St/Zip _____

Psychologist/Psychiatrist _____ Phone _____
Address/City/St/Zip _____

Veterinarian _____ Phone _____
Address/City/St/Zip _____

Other _____ Phone _____
Address/City/St/Zip _____

Personal Reference _____ Phone _____
Address/City/St/Zip _____

Personal Reference _____ Phone _____
Address/City/St/Zip _____

Print Applicants Full Name _____

Applicant Signature _____ Date _____ 20__

Print Parent or Legal Guardian Full Name _____

Parent/Legal Guardian Signature _____ Date _____ 20__

(Required for Applicants under 18 years of age)

APPLICANT SIGNATURE, BACKGROUND AND VERIFICATION AUTHORIZATIONS

I hereby certify that, to the best of my knowledge and belief, the information provided in this application truly represents my present situation and needs. I understand that failure to give accurate and complete information, falsification or misrepresentation of information may prevent me from obtaining a Service Dog from New Hope Assistance Dogs, Inc.

I authorize full investigation of all statements made in this application and further authorize employers, medical professionals, veterinarians, educational institutions, criminal justice agencies, and any others to provide whatever details are available concerning my application for a Service Dog. My signature below further authorizes New Hope Assistance Dogs, Inc. if necessary to obtain criminal background information and financial credit verification for the purpose of determining my ability to care and maintain a Service Dog if provided by New Hope Assistance Dogs, Inc.

All information shall be used solely for the purpose of this transaction. A photographic or facsimile copy of this authorization bearing a photographic facsimile copy of the signature of the undersigned may be deemed to be equivalent of the original hereof and may be used as a duplicate original. I understand that any information obtained by New Hope Assistance Dogs, Inc. is confidential, will not be released to any person or outside agency without my written consent, and will be used for the sole purpose of assessing my qualifications for a Service Dog.

Print Applicants Full Name _____

Applicant Signature _____ Date _____ 20__

Print Parent or Legal Guardian Full Name _____

Parent/Legal Guardian Signature _____ Date _____ 20__

(Required for Applicants under 18 years of age)