

For Office Use only: Date Application Received _____
By Staff member _____



Hawaii Canine Assistance Network
Client Application for Assistance Dog

Applicant Name _____

Primary Address _____

Home Phone () _____

E-mail address (if any) _____

School

School _____

Address _____

City _____

State/ Zip Code _____

Work Phone () _____ Fax () _____

Name of Contact Person and their Position with the School

Place of Employment

Employer _____

Address _____

Suite Number _____

City _____

State/ Zip Code _____

Work Phone () _____ Fax () _____

Name of Contact Person and their Position with Employer

Nearest Relative

Name _____

Relationship _____

Address _____

_____ Apt. Number _____

City _____

State/ Zip Code _____

Home Phone () _____ Cell Phone () _____

About You

Date of birth _____ Approx. weight _____ Approx. height _____
Gender: Male _____ Female _____

Marital Status:
_____ Single _____ Married _____ Separated _____ Divorced _____ Domestic Partner

Do you have children? _____ yes _____ no
If yes, how many? _____ What are their ages? _____
Do any of the children live in your home? If so, how often? _____
_____.

Please check the highest level of formal education you have completed:
 Elementary school Junior high High school or GED Technical school
 Associates degree Bachelor's degree Master's degree Doctorate or
Professional Degree Other _____

Your Daily Environment

How much of the year do you live at the primary address you listed above for yourself?
_____ months

Do you travel frequently? _____ yes _____ no If yes, please describe how you travel,
where you go, how long you spend there, and where you stay (e.g., travel to Las Vegas,
Nevada for 2 weeks every summer to visit and stay with my sister at her house)

With whom do you live? (Check all that apply)
 Alone Parent(s) Spouse Domestic Partner or Significant Other
 Children Attendant Roommate(s)
 Other (explain) _____

Where do you live?
 House Apartment Dorm Group Home
 Other (explain) _____

What kind of activities are you involved in? (Check all that apply and identify the
approximate number of hours per week that you do these activities)
 Work (paid or volunteer) outside the home _____ hours/wk
 Work (paid or volunteer) from within the home _____ hours/wk
 School _____ hours/wk
 Shopping _____ hours/wk

Exercise/Sports _____ hours/wk

Recreational/entertainment activities outside the home _____ hours/wk

For each of the above, please describe the typical location for the activities and number of people in the immediate area (e.g., school classes are in auditorium with about 100 students per class; work is at an office complex with applicant and about 20 other employees in cubicles):

In general, please describe your home life, social activities, hobbies, lifestyle, and the type of community in which you live:

Do you belong to any clubs, groups, or organizations? _____ Yes _____ No

Please describe activities you participate in, including the type of location for the activities and approximate number of participants (e.g., book club meets at participant houses with about 10 people attending regularly):

Your Health and Physical Disabilities

Are you physically disabled? _____ Yes _____ No

What is your primary physical disability?

What caused your disability?

Please list any secondary disabilities, if any:

At what age were you disabled? _____

Is your disability progressive? _____ Yes _____ No

What are the effects of your physical disability? (Check all that apply)

- Deafness Speech Impairment Reduced Stamina Hearing Loss
 Coordination Problems Limited Mobility Memory Loss Spasticity
 Slowed Development Vision Impairment Muscular Weakness

Other (describe):

If you have any learning disabilities, please describe them below:

Do you have any problems with: (Check all that apply)

- Chronic Pain Severe Arthritis Seizures Fainting spells/dizziness
 Balance Brittle Bones Skin Sensitivity Heat/Cold Sensitivity
 Allergies. Please describe the nature of your problems:

Do you use an aid or assistive device? (Check all that apply)

- Prosthesis (describe) _____
 Manual Wheelchair Electric Wheelchair / Scooter Crutch/Cane
 Walker Leg Brace Wrist Brace Hearing Aid

Do you have difficulty walking? No problems Limited to short distances
 Only with support Limited to level ground Unable to walk

How high can you lift your arms?

- Above your head To your shoulders Only slightly

Please rate your ability in the following areas:

- A. Pick up items off the floor?
 Easy Some Difficulty Difficult Unable
- B. Push elevator buttons?
 Easy Some Difficulty Difficult Unable
- C. Turn lights on and off?
 Easy Some Difficulty Difficult Unable
- D. Operate a manual wheelchair?
 Easy Some Difficulty Difficult Unable
- E. Flex your wrist?
 Easy Some Difficulty Difficult Unable
- F. Make a fist?
 Easy Some Difficulty Difficult Unable
- H. Hold small items?
 Easy Some Difficulty Difficult Unable
- I. Pull handles?
 Easy Some Difficulty Difficult Unable

- J. Turn doorknobs?
 Easy Some Difficulty Difficult Unable

Please tell us how you communicate:

- A. Describe your speech abilities:
 Clear-rapid Clear-slow Slurred Difficult to understand
- B. How do you best communicate verbally?
 Voice Writing (e.g., Letter board) Hand signals- please specify (e.g., ASL) _____
 Other- Please describe _____
-
-

Please rate your ability in the following areas:

- A. Vision (with correction) Normal Impaired /Night Impaired /Day
B. Lung capacity Normal Somewhat Limited Very Limited
C. Hearing (with correction) Normal Slightly Impaired Highly Impaired
D. Balance Normal Somewhat Limited Very Limited
E. Endurance Normal Somewhat Limited Very Limited
F. Mobility Normal Somewhat Limited Very Limited
G. Physical strength Normal Somewhat Limited Very Limited
H. Speed of reaction Fast Average Slow

Your Psychological Condition

Do you have any of the following psychological conditions or disorders, as diagnosed by a psychiatrist or psychotherapist?
(Check all that apply)

- Agoraphobia Anxiety Bipolar Depression (chronic or clinical)
 Dissociative tendencies Obsessive Compulsive Disorder
 Panic Disorder Post Traumatic Stress Disorder
 Schizophrenia Social Phobia Other (describe) _____
-
-

Do you have persistent or frequent problems with any of the following, even if your problem has not been diagnosed by a psychiatrist or psychotherapist? (Check all that apply)

- Anger Apathy Crying Disorientation Fearfulness Forgetfulness
 Insomnia/Difficulty Sleeping Moodiness Nervousness Nightmares
 Panic Restlessness Sadness Social Withdrawal Other (describe) _____
-
-

Your Personality

Rate yourself in the following areas:

- | | |
|---|--|
| A. Assertiveness | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| B. Confidence | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| C. Ability to think during crisis | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| D. Ability to accept correction | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| E. Willingness to learn | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| F. Ability to laugh at oneself | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| G. Shyness | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| H. Compassion for others | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| I. Enthusiasm | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| J. Responsibility | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| K. Ability to control feelings/emotions | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| L. Ability to handle stressful situations | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| M. Perseverance to master new tasks | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| N. Independence | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| O. Enjoys people contact | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| P. Likes to take risks | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| Q. Easily expresses emotions | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| R. Likes to be in charge | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| S. Easily bored with people | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |
| T. Determined to accomplish goals | <input type="radio"/> High <input type="radio"/> Average <input type="radio"/> Low |

Matching a Dog to Your Needs

What kind of assistance dog are you looking for? (Check all that apply)

Mobility Aid Dog Service Dog Hearing Dog

Other:

What are you interested in having an assistance dog do for you? Why?

Do you anticipate needing an assistance dog backpack for: (Check all that apply)

Pulling Carrying items Balance Identification Don't need

Other: _____ Don't know

Desired Dog Personality

Which of the following words best describes the dog you would like to have? (Check all that apply)

serious calm playful willing attentive . energetic no-nonsense responsible . protective sweet . easy-going . independent friendly dependent gives me space wants my attention sleeps with me stays off the furniture licks my hand gives me kisses

Which of the following words describe traits you would not want your dog to have? (Check all that apply)

serious calm playful willing attentive . energetic no-nonsense responsible . protective sweet easy-going . independent friendly . dependent gives me space wants my attention sleeps with me stays off the furniture licks my hand gives me kisses

Service Dog Care and Environment

Please describe how you will handle the following for the dog

Exercise

Feeding

Grooming

Toileting

Vet care

Financial costs

Care if you are hospitalized

Flea problems

Family/friend involvement

Access issues

Dog behavior problems

Please check the boxes below that describe your living situation.

Fenced yard Enclosed outside area Park or yard nearby

Neighbors in close proximity Busy streets nearby

Neighborhood dogs running loose

If you have a fenced yard or an enclosed area, please describe size of area, fence height, surface (e.g., grass, gravel, etc.)

Do you have animals in your household? If so, please describe (including breed, sex, and age of each of the animals):

Who is responsible for the care of these household animals?

Do other animals visit you frequently? If so, please describe (including breed, sex, and age of each of the animals)

Who is responsible for the care of these visiting animals?

Does anyone in your household have concerns about having an assistance dog in their home? If so, please describe

Identify any situations where you think you would not have the dog accompany you in your activities:

Assistance dog training program:

How did you learn about our program?

Are you able to travel to a designated area to participate in ongoing training sessions with the dog?

_____ Yes _____ No. If no, please explain:

What specific difficulties do you anticipate you might have with a physically rigorous, emotionally demanding training program?

What are you able to do to manage your difficulties while taking this training?

Do you anticipate requesting anything particular in order for the training program to accommodate your specific difficulties?

Do you know of any constraints affecting your ability to attend the required placement training classes (typically a 6-month process)?

Your Financial Resources

Do you have the financial resources to pay for the following without financial assistance?

1. Purchase the dog (cost of approximately \$2500)
_____ Yes _____ No
2. Pay for annual upkeep of the dog including but not limited to food, treats, veterinary care, and working gear (cost of approximately \$1000/year)
_____ Yes _____ No

Do you currently receive any government benefits? _____ Yes _____ No
If yes, please identify: _____ SSI _____ Veterans _____ Rehab

Other:

Help us get to know you

Please attach the following information when you return this form:

- A short autobiography to help us know you better
- A recent photo of yourself (preferably, full body photo)

By signing below, I am requesting consideration for acceptance as a prospective Hawaii CAN program participant. I understand that acceptance is not automatic or immediate, and will be based on Hawaii CAN's assessment that it can train a dog suited to my specific needs and that I am able to successfully participate in the Hawaii CAN program.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date _____

If the Applicant is a minor, or under guardianship or conservatorship or a ward of the court, a parent or duly authorized legal representative is required to sign below on behalf of the applicant.

Name: _____

Relationship _____

Address _____ Apt Number: _____

City _____

State/ Zip Code _____

Home Phone () _____ Cell Phone () _____

Signature of Parent or Legal Representative

Date _____



**Hawaii Canine Assistance Network
Client Application for Assistance Dog
MEDICAL REFERENCE FORM**

TO BE COMPLETED BY THE APPLICANT or APPLICANT’S LEGAL REPRESENTATIVE:

I understand that information to be released by Applicant’s physician below may include medical information, diagnosis, drug abuse, alcohol abuse, psychological or psychiatric impairments, and/or physical conditions. I certify to Hawaii Canine Assistance Network (“Hawaii CAN”) and to my physician that this authorization is made voluntarily and with full knowledge that it will be disclosed to and used by Hawaii CAN for purposes of assessing my application for, and placement with, an assistance dog. I understand that the information to be released is protected under state and federal laws and cannot be re-disclosed without further written consent unless permitted or provided for by state and federal laws. I understand I may revoke this authorization at any time in writing given to Hawaii CAN, except to the extent that action has already been taken by Hawaii CAN and/or my physician. If not previously revoked, this consent will expire two (2) years from the date of my signature.

Signature: _____

Print Name: _____

Date: _____

[PHYSICIAN’S PORTION OF FORM ON NEXT PAGE]



**Hawaii Canine Assistance Network
Client Application for Assistance Dog
MEDICAL REFERENCE FORM CONTINUED**

TO BE COMPLETED BY A PHYSICIAN:

Your patient, _____, is applying to Hawaii Canine Assistance Network (Hawaii CAN), for an assistance dog. It is important that we determine his/her needs in order to match suitable dog partners for our potential recipients. Thank you for taking the time to answer the following questions. If necessary, please use a separate sheet of paper and return the completed form and any enclosures to Hawaii CAN at the address listed below. If you have questions about this application, please call: (808) 781-2596.

**Hawaii CAN
ATTN: CLIENT SERVICES
P.O. Box 831
Kaneohe, Hawaii 96744**

Physician's name: _____
Address: _____

1. How long have you known your patient?
2. Diagnosis and/or type of disability?
3. Date of initial diagnosis:
4. Have you ever discussed the possibilities and abilities of a service dog with your patient?

5. Based on your personal experience with your patient, do you think your patient is reasonably able to care for a dog on his or her own on a daily basis or will he or she need help?

6. Does your patient have any special psychological needs? If so, describe.

7. How would you describe your patient's personality?

8. Have you required your patient to work on building his/her physical strength in any way? If so, please describe.

9. Do you feel there is any danger physically that a service dog could harm your patient (i.e. loss of balance, strain on muscles, etc.)?

10. In your professional opinion, is your patient well-suited physically, emotionally, and mentally to work with and handle a service dog?

11. A service dog can be a big help, but it also comes with responsibilities. Do you feel that your patient will be able to care for a dog's needs (i.e. exercise, play, quality dog food, vet care, etc.)?

Physician's Signature: _____

Date: _____



**Hawaii Canine Assistance Network
Client Application for Assistance Dog
PERSONAL REFERENCE FORM**

TO BE COMPLETED BY APPLICANT'S PERSONAL REFERENCE:

Your name has been given as a personal reference by _____, who is applying to Hawaii Canine Assistance Network (Hawaii CAN) for an assistance dog. It is important that we carefully assess each applicant's needs in an effort to match suitable dog partners for our potential recipients. Thank you for taking the time to answer the following questions. If necessary, please use a separate sheet of paper. Please return the completed form and any enclosures to Hawaii CAN at the address listed below. If you have questions about this application, please call: (808) 781-2596.

**Hawaii CAN
ATTN: CLIENT SERVICES
P.O. Box 831
Kaneohe, Hawaii 96744**

Your name: _____
Address: _____

Relationship to applicant (e.g. friend, co- worker): _____

1. How long have you known the applicant?
2. Describe, in detail, the applicant's personality (e.g., shy, outgoing, patient, impulsive, etc.):
3. Is the applicant, a "dog person" (e.g., does he or she enjoy being with dogs)?
4. Does the applicant have a dog now? If so, describe how you have seen him/her interact with the dog?

5. If the applicant does not have a dog, have you seen him/her interact with other pets, including past pet dogs? If so, please describe such interaction.

6. Do you think that a service dog would improve the applicant's life? If so, in what way? How do you think a service dog would help the applicant physically?

8. What facilities does the applicant have for exercise and a dog's well-being?

9. Does the applicant have or have access to a fenced yard?

10. A service dog can be a big help, but comes with responsibilities. Will the applicant be able to care for the dog's needs (ex: exercise, play, quality pet food, vet care)?

11. If the applicant would need assistance with any of the above, do you know who would be available to help?

12. How does the applicant handle emotional challenges (e.g., anger, disappointments)?

13. Does the applicant express bitterness and frustration toward his/her disability? If so, please describe how.

14. Do you think the applicant's family and friends are supportive of the idea of having a service dog?

15. Who is the immediate support group of the applicant (i.e., sister, close friend)?

16. In your opinion, is the applicant well suited physically, emotionally, and mentally to work with and handle a dog?

17. Other comments:

Reference's Signature: _____

Date: _____