



Autism Support Dogs

6050 – 44th Avenue, Delta, BC, V4K 3X7
Telephone: 604-940-4504 Facsimile: 604-940-4506
Charity Registration No: 80796 1610 RR0001
Registered under the Society Act of British Columbia



Dear Applicant,

Thank you for your interest in the Autism Support Dog Program.

Autism Support Dogs will review your application to help you assess the possible benefits of an Autism Support Dog. It is our intention to place a dog best suited to each family's unique goals and lifestyle so it's important to complete the attached questionnaire as clearly and honestly as you can.

An Autism Support Dog serves as a tool for the primary care provider. That individual will be trained and certified as a handler of the Autism Support Dog. In most circumstances this handler will accompany the Autism Support Dog and recipient.

Family's who have enjoyed successful placements of an Autism Support Dog have enjoyed wonderful benefits including greater access to daily activities of living, safety, companionship, and therapeutic achievements.

It is your responsibility to make sure that Autism Support Dogs receives all application materials requested on the following pages. Once your completed application is received we will contact you regarding our assessment of your suitability for this program.

If you qualify to proceed further, you will be contacted and an in-home interview will be scheduled. After the in-home interview, staff will meet and review all materials and make a decision on the suitability of an Autism Support Dog in your home. Once accepted for training you will be placed on our waiting list for an Autism Support Dog and receive training as soon as a suitable dog is available.

Please be aware, that due to the number of applications received you should expect a wait of 2 years for an Autism Support Dog to be placed in your home. During this time Autism Support Dogs invites you to assist with fundraising and public relations activities.

If you need further space for your answers, please use a separate piece of paper and be sure to enclose it with the completed application. Please note your child must be between four and ten years of age at time of application.

FOUNDING PATRONS

British Columbia Guide Dog Services
Victor and Anna Kern Foundation
Vandekerkhove Family Foundation
Variety – The Children's Charity

DIRECTORS

President, William S. Thornton
Vice President/Secretary, Brock Homewood, P.Eng.
Treasurer, Verne Blyth

APPLICATION

AUTISM SUPPORT DOGS

Dear Applicant:

In order to expedite the application process, please ensure that you enclose the following with your application:

- () Complete Application Form including photograph of applicant (12 Pages)

- () If application is being completed for a child by the parents, a letter verifying both parents are committed to receiving a service dog for their child and signed by **BOTH** parents is required. (where custody is split between parents a letter is required from each parent)

- () Medical History Form completed by your *family physician*.

- () Personal Reference Letter from a *friend* or family *member* from outside of the home stating how they think you would benefit from a service dog and kind of care they think you would provide for it.

Please note, all information provided will be kept private and confidential.

BACKGROUND INFORMATION:

Name of Applicant: _____ Day Time Phone # _____

Address: _____ City: _____ Evening # _____
Prov: _____ Postal Code: _____

E-mail Address: _____ Date of Birth (Child): _____
(Eligibility - 4 and 10 years of age at time of application)

Mother Name: _____ Father Name: _____

What is the applicants' full diagnosis?

() Autism () P.D.D. () P.D.D./N.O.S. () Aspergers () Rhett's

Additional Information:

(1) How did you hear about Autism Support Dogs?

(2) Current living arrangements: () Parents
() Group Home Name: _____
() Other: Please explain _____

(3) Number of children in family: _____ Ages: _____

Name(s): _____

(4) Are there any other disabled persons in your household? _____

If minor or under guardianship/ward of the court, parental or duty authorized are required to sign pursuant to provincial and federal law.

Printed Name: _____

Signature: _____

Relationship to Applicant: _____

APPLICANT HISTORY:

(5) Describe the applicants':

Mobility: _____

Physical Strength: _____

Education/Grades: _____

Reaction Speed: _____

Balance: _____

Vision: _____

Speech: () Verbal () Non-Verbal

Method of Communication: _____

Hearing: _____

Sound Sensitivity: _____

Light Sensitivity: _____

Touch Sensitivity: _____

(6) How does the applicant deal with anger or frustration?

(7) Is the Applicant on any Prescribed Medications? Please list.

- (8) Does the applicant or member of the family have any allergies to animals?
 Yes No

If yes, do you have a plan to address this _____

- (9) Describe applicants' activity level:
 Low Moderate High

- (10) Do both parents work outside the home? Yes No

Please state place(s) of employment(parents): Father - _____

Mother - _____

Type of employment: Father - _____

Mother - _____

- (11) What type of schooling does the applicant attend?

- Pre-School Regular Integrated classroom Specialized Program Home

Please state name of school: _____

Please state name of School Board: _____

Is the school aware of this application? _____

- Does the applicant have a 1:1 Education Assistant while at school? Yes No

LIFESTYLE INFORMATION:

- (12) Describe your house and yard: Own _____ Rent _____

- (13) Describe your lifestyle: (List activities and outings applicant/family enjoy and how they are supported) i.e.: summer camps, traveling.

- (14) Describe method of transportation commonly used by applicant/family:

Own vehicle Public Transportation Other - Describe

DOG INFORMATION:

- (15) Does the applicant like dogs?

Yes No

Is there anyone in your family that does not like dogs?

Yes No

Does anyone living in this house have allergies to dogs?

Yes No

Does anyone in this house have a fear of dogs?

Yes No

Is there already a dog in the family?

Yes No

Is the entire family committed to the idea of having an Autism Support Dog?

Yes No

Do you consider yourself knowledgeable in dog care and behavior?

Yes No

Are you prepared to deal with both the time and expense of maintaining an Autism Support Dog? (Socializing, On-Going Training, Exercising, Grooming, Toileting,)

Yes No

Are you able to financially commit to maintaining an Autism Support Dog, which can cost over \$1500.00/year for routine vet care, food expenses and miscellaneous expenses?

Yes No

(16) Describe ways you believe an Autism Support Dog can assist the applicant in Activity of Daily Living:

(17) What tasks do you desire the Autism Support Dog to perform? List in priority order:

(18) What type of equipment does the applicant routinely use that the Autism Support Dog would have to become accustomed to?

(19) Do you have a fenced yard? () Yes () No

If not, please explain how you will contain the dog:

- (20) Autism Support Dog teams attract a great deal of attention out in public. Are you comfortable being the public eye and how will you deal with the attention your child and dog receives.

- (21) A typical class-training scenario runs for three weeks. During the first week the principal parent involved in the placement of the Autism Support Dog is required to live away from home at a hotel whilst undergoing basic training. This takes place without other family members. Can you commit to this?

Yes No

FUNDRAISING:

- (22) Is your family aware that ASD is a non-profit organization that relies on donations to continue to bred, raise, train, place and provide annual follow ups on an Autism Support Dog and that each service dog is valued at well over \$40,000.00

Yes No

- (23) Many ASD applicants and their families volunteer their time to help ASD fundraise for future Autism Support Dogs. May ASD contact you about fundraising activities and contacts within your community? Yes No

Do you have any fundraising ideas you would like to share with ASD?

Please List:

Fundraising for the organization is not mandatory nor does it influence the applicant's eligibility for acceptance into the program - any help is appreciated.

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(24) Do you have any other information, or concerns that might assist Autism Support Dogs in processing this application? Please list below.

Please be assured that all information provided to us through your application will at all times be kept highly confidential and only staff members that need to deal with this information on a need to know basis will participate with your application.



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MEDICAL HISTORY FORM

(To be completed by the Physician, please print or type)

The following individual is applying for an Autism Support Dog (ASD) from BC Guide Dog Services (BCGDS). ASD's mission is to enrich the quality of life and enhance the independence of children and families living with autism and special needs through the use of specially trained Autism Support Dogs. Autism Support Dogs are trained to stop children from wandering into unsafe environments and have been shown to have a positive impact on a child's communication, behaviour and social interactions. For more information on ASD please visit our website at www.autismsupportdogs.org.

Please fill out the form below and return to Autism Support Dogs with the applicant's completed application form. Any questions regarding this form should be directed to Autism Support Dogs. All information will be kept private and confidential.

Date: _____

Please release to Autism Support Dogs any requested information regarding my condition. The information I will give will not be used for any other purpose than to evaluate and assess my situation in making a successful canine placement and assisting me with ancillary services. Autism Support Dogs will keep this information confidential and will not share it with anyone but the professional staff of any agency that is involved in helping provide services to me.

Applicant's Signature: _____

.....
If applicant is a minor or under guardianship, parental or duly authorized individuals are required to sign pursuant to provincial and federal law.

Parent/Guardian

Name: _____ Signature: _____
(please print)

Relationship: _____

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MEDICAL FORM

Patient's Name: _____ Sex: _____

Doctor's Name: _____ Phone#: _____

Address: _____

Date of last exam: _____ Patient Since: _____

Patient Diagnosis: (attach additional sheet if necessary)

Prognosis & effect of condition on individual's ability to perform Activities of Daily Living (ADL):
(ADL shall refer to the ability to meet personal care needs, i.e. feeding, toileting, dressing etc.)

Does this individual have any allergies? If so please list and describe symptoms.

Mental/Emotional Evaluation of Patient:

	YES	Minimally	NO
A) Able to exercise judgment and make decisions necessary for ADL	()	()	()
B) Able to sustain attention span	()	()	()
C) Able to follow directions and learn	()	()	()
D) Able to control physical and motor movement	()	()	()

- E) Under medication which impairs functioning () () ()
- F) Capable of making decisions around personal or other's needs/safety () () ()

Is there any other medical information you feel Autism Support Dogs should know when considering this application for a service dog? Please list:

Can you recommend this patient for a service dog placement?

Doctor's Signature: _____

Applicant's Signature: _____
(parent/guardian if applicant is a minor)