



Please find the application packet you requested. Only those applications, which are returned complete (all information included), will be processed, so please read the following instructions carefully. If you have any questions, do not hesitate to call for clarification.

A completed application includes the following:

- A \$25.00 application fee***
- An Applicant Pre-Interview Form***
- An Assistance Dog Program Application***
- An Applicant Medical History Form completed by your Physician or primary care specialist.***
- A Release of Information Form (at interview)***
- A Media Authorization and Release Form (at interview)***
- A personal letter of reference from a friend, teacher, or someone other than a family member, and***
- A professional letter of reference from a therapist, social worker, teacher or any other professional with whom you have contact.***

Upon receipt of your completed application, our staff will review it. Those who qualify for our program will be contacted to schedule an interview.

Thank you for your interest in our program.

Very Sincerely,

Denise Costanten

Denise CoStanten
Founder and Executive Director
Brigadoon Youth and Service Dog Programs

Please list any medications you are currently taking: _____

Where do you live? House Apartment Dorm Other _____

Do you live with children or have children who visit regularly? Yes/No

How many children? _____ What are their ages? _____

Your living situation has a fenced yard an enclosed area neither

What type of assistance dog are you looking for?

Service Guide Hearing Social/Therapy Seizure Alert

Other _____

Are you able to travel to Brigadoon Youth and Service Dog Programs office for your interview?

Yes No If no, please explain: _____

Please check each of the following using these number descriptions:

0 = non-applicable 1 = mild 2 = moderate 3 = severe

1. Motor impairments

- Weakness
- Coordination
- Spasticity
- Other

2. Sensory impairments

- Vision
- Hearing
- Loss of sensation

3. Cognitive impairments

- Attention
- Memory
- Problem solving
- Judgment

4. Assistive devices (check any that apply)

- Manual wheelchair
- Power wheelchair/scooter
- Walker
- Crutches
- Cane
- Orthosis
- Prosthesis
- Hearing aid

5. Psychological/behavioral descriptions

- Depressed
- Difficulties managing stress
- Impulsive
- Inappropriate

6. Communication impairments

- Comprehension
- Expression

7. Additional medical conditions

- Cardiovascular disease
- Respiratory disease
- Diabetes
- Seizure disorder
- Chronic pain
- Neurogenic bladder
- Neurogenic bowel
- Other _____

Please identify Functional Independence Measure (FIM) levels for the following motor activities based on the following scale:

No helper

- 7 Complete independence (timely, safely)
- 6 Modified independence (device)

Helper-modified independence

- 5 Supervision
- 4 Minimal assistance (you can perform 75% of activity)
- 3 Moderate assistance (you can perform 50% of activity)

Helper-complete dependence

- 2 Maximal assistance (you can perform 25% of activity)
- 1 Total assistance (you can perform 0% of activity)

1. Self-Care

- Eating
- Grooming
- Bathing
- Dressing-upper body
- Dressing-lower body
- Toileting

2. Sphincter Control

- Bladder management
- Bowel management

3. Transfers

- Chair, wheelchair
- Toilet
- Tub, shower

4. Locomotion

- Walk/wheelchair (check below which of the following applies)
 ___Walk ___Wheelchair ___Combination
- Stairs

The information on the application is correct to the best of my knowledge.

Applicant Signature

Date

If the applicant is a minor or under guardianship or conservatorship or the ward of the court, the parent or duly authorized representative is required to sign below pursuant to State and Federal law.

Name _____

Street Address _____

City _____ State _____ Country _____ Zip _____

Phone (____) _____ Relationship _____

Parent or Guardian Signature

Date



Applicant Pre-Interview Form

Date: _____

Applicant's Name: _____

This form is to be filled out and presented prior to your interview. The following information must be submitted with this form at the time: (1) a short autobiography to help us know you better, and (2) a recent photo of you.

1. How did you learn about our program? _____

2. What would you like your assistant dog do for you? Why? _____

3. Why do you need a dog backpack? (Check all that apply)

- | | | |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Pulling | <input type="checkbox"/> Carrying items | <input type="checkbox"/> Balance |
| <input type="checkbox"/> Won't Use | <input type="checkbox"/> Identification | <input type="checkbox"/> Other _____ |

4. Can you: (Circle all that apply)

- | | | | | |
|---------------------------------|-------------------|--------------------|------------------|-------------------|
| 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 | Weakly | Not at all |

5. Do you (Circle all that apply)

- | | | | | |
|-------------------------------|------------------------|--------------------------|------------------------|----------------------------------|
| A. Use a:..... | Manual Chair | Electric Chair | Scooter | Walker/ Crutches |
| B. Transfer by:..... | Standing | Pivoting | Slide Board | With help Other |
| 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 | Cannot |
| F. Lift your arms: | Above your head | To your shoulders | Only slightly | |
| G. Exercise: | Regularly | Often | Sometimes | Infrequently Never |

6. 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*

7. 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*

8. Do you (Check all that apply and indicate the # of hrs/week)

- Work/volunteer outside the home
- Work/volunteer from/at home
- Attend school
- Shop—groceries, clothes, etc.
- Formally exercise
- Engage in recreation/entertainment outside the home....

9. Please describe your home life, social activities, hobbies, and lifestyle in general.

10. Do you belong to any clubs, groups organizations? (Check all that apply)

- Lions Veterans GFWC Rotary
- Kiwanis Soroptimists Other _____

11. Does your current living situation have: (Check all that apply)

- Animals in the household? Dogs # _____ Cats # _____ Other _____
- A fenced yard?
- Enclosed outside area?
- Park or yard nearby?
- Neighbors in close proximity?
- Busy streets nearby?
- Neighborhood dogs running loose?

12. Which of the following words **best** describes the dog you would **like** to have:

(Check all that apply)

- | | | | |
|--|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> communicative | <input type="checkbox"/> manipulative | <input type="checkbox"/> no-nonsense | <input type="checkbox"/> responsible |
| <input type="checkbox"/> confident | <input type="checkbox"/> calm | <input type="checkbox"/> attentive | <input type="checkbox"/> smart |
| <input type="checkbox"/> serious | <input type="checkbox"/> fearful | <input type="checkbox"/> friendly | <input type="checkbox"/> joking |
| <input type="checkbox"/> indifferent | <input type="checkbox"/> distracted | <input type="checkbox"/> slow | <input type="checkbox"/> playful |
| <input type="checkbox"/> sensible | <input type="checkbox"/> stubborn | <input type="checkbox"/> willing | <input type="checkbox"/> energetic |
| <input type="checkbox"/> resistant | <input type="checkbox"/> dependable | <input type="checkbox"/> stable | <input type="checkbox"/> protective |
| <input type="checkbox"/> sweet | <input type="checkbox"/> easy-going | <input type="checkbox"/> jealous | <input type="checkbox"/> happy |
| <input type="checkbox"/> assertive | <input type="checkbox"/> devoted | <input type="checkbox"/> submissive | <input type="checkbox"/> independent |
| <input type="checkbox"/> loving | <input type="checkbox"/> trusting | <input type="checkbox"/> excitable | <input type="checkbox"/> dependent |
| <input type="checkbox"/> foolish | | | |

13. Which of the following words **best** describes the dog you would **definitely not want**: (Check all that apply)

- | | | | |
|--|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> communicative | <input type="checkbox"/> manipulative | <input type="checkbox"/> no-nonsense | <input type="checkbox"/> responsible |
| <input type="checkbox"/> confident | <input type="checkbox"/> calm | <input type="checkbox"/> attentive | <input type="checkbox"/> smart |
| <input type="checkbox"/> serious | <input type="checkbox"/> fearful | <input type="checkbox"/> friendly | <input type="checkbox"/> joking |
| <input type="checkbox"/> indifferent | <input type="checkbox"/> distracted | <input type="checkbox"/> slow | <input type="checkbox"/> playful |
| <input type="checkbox"/> sensible | <input type="checkbox"/> stubborn | <input type="checkbox"/> willing | <input type="checkbox"/> energetic |
| <input type="checkbox"/> resistant | <input type="checkbox"/> dependable | <input type="checkbox"/> stable | <input type="checkbox"/> protective |
| <input type="checkbox"/> sweet | <input type="checkbox"/> easy-going | <input type="checkbox"/> jealous | <input type="checkbox"/> happy |
| <input type="checkbox"/> assertive | <input type="checkbox"/> devoted | <input type="checkbox"/> submissive | <input type="checkbox"/> independent |
| <input type="checkbox"/> loving | <input type="checkbox"/> trusting | <input type="checkbox"/> excitable | <input type="checkbox"/> dependent |
| <input type="checkbox"/> foolish | | | |

14. Are you the kind of person who:

	Never	Rarely	Sometimes	Often	Always
Enjoys people contact?	[] 1	[] 2	[] 3	[] 4	[] 5
Is a risk taker?	[] 1	[] 2	[] 3	[] 4	[] 5
Easily expresses emotions?	[] 1	[] 2	[] 3	[] 4	[] 5
Likes to be in charge?	[] 1	[] 2	[] 3	[] 4	[] 5
Is easily bored with people?	[] 1	[] 2	[] 3	[] 4	[] 5
Is determined to accomplish goals?	[] 1	[] 2	[] 3	[] 4	[] 5

15. Rate yourself in the following areas:

	Never	Rarely	Sometimes	Often	Always
Assertive	[] 1	[] 2	[] 3	[] 4	[] 5
Self-confident	[] 1	[] 2	[] 3	[] 4	[] 5
Ability to respond rationally to crisis	[] 1	[] 2	[] 3	[] 4	[] 5
Ability to accept criticism/correction	[] 1	[] 2	[] 3	[] 4	[] 5
Willing to learn new concept (even if different from previous beliefs)	[] 1	[] 2	[] 3	[] 4	[] 5
Ability to laugh at self	[] 1	[] 2	[] 3	[] 4	[] 5
Personal shyness	[] 1	[] 2	[] 3	[] 4	[] 5
Sensitive to other people's emotions	[] 1	[] 2	[] 3	[] 4	[] 5
Personal exuberance	[] 1	[] 2	[] 3	[] 4	[] 5
Ability to be responsible	[] 1	[] 2	[] 3	[] 4	[] 5
Ability to control feelings/emotions	[] 1	[] 2	[] 3	[] 4	[] 5
Desire to please others	[] 1	[] 2	[] 3	[] 4	[] 5
Creative	[] 1	[] 2	[] 3	[] 4	[] 5

16. Do you have any specific learning disabilities [] Yes [] No

If yes, please describe. _____

17. Please describe how you will handle the following areas of dog care:

- Feeding _____
- Grooming _____
- Toileting _____
- Vet care _____
- Financial cost _____

17. Please describe how you will handle the following areas of dog care: (continued)

- If you are hospitalized _____
- Flea problems _____
- Family, friend involvement _____
- Access issues _____
- Dog behavior problems _____

18. **Assistance Dog Training Program**

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

B. What modifications can you make to accommodate this training?

C. What modifications must the training program make to accommodate your specific difficulties?

D. How will you handle costs and time required to attend the class?

19. Do you currently receive any government benefits? Yes No

If yes, please identify:

SSI

Veterans

Rehab

Other _____

20. Please check the highest level of formal education completed:

- Elementary School
- Junior High
- High School
- Community/Junior College Classes
- AA/AS Degree
- BA/BS Degree
- Master's Degree
- Doctorate

Applicant Signature

Date

Parent/Guardian Signature

Date



Medical History Form

This form is to be completed by your physician and sent together with your other application materials to Brigadoon Youth and Service Dog Programs.

Doctor's Name _____

Type of Practice _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ FAX () _____

E-mail _____

Patient Information:

What is the patient's primary disability? _____

What was the cause of the disability? _____

Are there significant secondary disabilities? Yes No

If so, please describe: _____

At what age was s/he disabled? _____

Is this disability progressive? Yes No

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

Please check all that apply:

What are the effects of your disability?

- | | |
|--|--|
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Expression |
| <input type="checkbox"/> Attention | <input type="checkbox"/> Problem solving |
| <input type="checkbox"/> Loss of sensation | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Speech impairment |
| <input type="checkbox"/> Reduced stamina | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Coordination problems | <input type="checkbox"/> Limited mobility |
| <input type="checkbox"/> Memory loss | <input type="checkbox"/> Spasticity |

Patient's Name (cont'd) _____

- Slowed Development Vision impairment
 Muscular weakness Other _____

Does patient have any of the following problems? (Check all that apply)

- Allergies Chronic pain
 Heightened emotions Depression
 Seizures Skin sensitivity
 Balance Brittle bones
 Heat/cold sensitivity Difficulties managing stress
 Inappropriate behavior Cardiovascular disease
 Respiratory disease Diabetes
 Neurogenic bladder Neurogenic bowel
 Other _____

Check all that the patient is able to do.

- Eat by his/herself Bath his/herself
 Dress upper body Dress lower body
 Use the toilet by his/herself Groom his/herself
 Walk by his/herself Climb stairs
 Operate wheelchair by his/herself Transfer from/to wheelchair
 Transfer from/to toilet Transfer from/to tub/shower

Does patient use an aid or assistive device?

- Prosthesis Leg brace
 Wheelchair (electric) Wheelchair (manual)
 Wrist brace Hearing aid
 Crutch/cane Walker
 Other _____

Current number of hours of attendant care per week: _____

Patient's Name (cont'd) _____

Please identify Functional Independence Measure (FIM) levels based on the following scale (Circle one):

No helper:

7 Complete independence (timely, safely)

6 Modified independence (device)

Helper-modified independence

5 Supervision

4 Minimal assistance (subject = 75%+)

3 Moderate assistance (subject = 50%+)

Helper-complete dependence

2 Maximal assistance (subject = 25%+)

1 Total assistance) subject = 0%+)

Does patient (Check all that apply)

Drive

Travel distances on foot/wheels

Fly

Ride buses

Driven by others

Other

Ride trains

ADL (Activities of Daily Life)

Is this patient:

Please Circle Below

- | | | | |
|--|-----|-----------|----|
| A. Able to exercise judgment and make decisions necessary for ADL? | 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 ADL? | Yes | Minimally | No |
| E. Capable of perception and memory to the degree necessary to sustain ADL? | Yes | Minimally | No |
| F. Able to follow directions and learn to the degree necessary to sustain ADL? | 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 |

Patient's Name (cont'd) _____

Can you recommend this individual for an assistance dog? [] Yes [] No

Do you feel Brigadoon Youth and Service Dog Programs might benefit from a consultation with you?
[] Yes [] No

Comments: _____

Physician's Signature

Date