Application Checklist

Your application will be reviewed, and an interview scheduled when all information has been received.

☐ $150 Application Fee

☐ Part A-Client Application
  o Client Portion of Application

☐ Part B
  o Photo Outline
  o Two Letters of Recommendation
  o For Non-Active Military: A Copy of Your DD214 Form

☐ Part C - Medical Form

☐ Part D –
  o Financial Plan for Your Dog
  o Securing the sale price of a dog.
The Joys of Living Assistance Dogs (JLAD) - Client Application

JLAD will keep your entire application confidential. Your pictures and written application will become the property of The Joys of Living Assistance Dogs.

Please review the application instructions before completing this form.

Your application will be reviewed, and an interview scheduled when all information has been received.

**Part A - Client Application**, completed by client, photos of your home and environment, two letters of recommendation and $150.00 application fee.

**Part B - Medical Form**, completed by your physician or therapist, describing your disability.

**APPLICATION PART A**

First Name ___________________ MI ____ Last Name ____________________________

Date of Birth ____________ Age ________ Height _______ Weight ________ Sex:  M    F

Address ________________________________________________

Street City State Zip

Home Phone ______________ Work Phone ______________ Employer ____________

Cell Phone __________________ E-mail ________________________

Name of Nearest Relative ______________________________ Relationship ____________

Address of Relative __________________________________________

Street City State Zip

Relative's Home Phone Number ______________ Work Phone ______________

This application must be IN THE WORDS OF THE PERSON WHO WILL USE THE DOG. If writing is difficult for you, provide name and relationship of person transcribing your words.

Name __________________________________ Relationship _______________________

How did you learn about JLAD? _________________________________________________

**Military Personnel Only:**

Do you have a military affiliation? _______________________________________________

What branch? ____________________________

Are you active or Retired? ____________________________

For non-active military clients, please attach a copy of your DD214 form to this application
The Joys of Living Assistance Dogs (JLAD) - Client Application

What are your expectations of the dog?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What is your disability?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Most JLAD dogs assist people with primary mobility impairment, such as multiple sclerosis, muscular dystrophy, cerebral palsy, spina bifida, paraplegia, tetraplegia, arthritis, amputation, stroke, or traumatic brain or spinal cord injury. **JLAD does not train dogs to assist individuals with seizure disorders, blood sugar disorders or those with significant vision loss.**

Do you have any other diagnosis, including mental health diagnosis?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How long have you been disabled? __________________________________________

If disability was caused by injury, what progress has been made post injury?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please indicate the devices that you use: Wheelchair:  □ manual  □ power  □ both
 □ Crutches  □ Cane  □ 3-wheel electric scooter  □ Sip and puff
 □ Other

Which do you use most often?________________________________________________________________________

Do you drive? ______ Take a bus? ______ Cab? _____ Other? ____________________________
The Joys of Living Assistance Dogs (JLAD) - Client Application

Describe your physical strengths and abilities. (Circle one number for each limb.)

<table>
<thead>
<tr>
<th></th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Use</td>
<td>Full Use</td>
</tr>
<tr>
<td>Hand Strength</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Dexterity</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Arm Strength</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Upper-Body Strength</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Leg Strength</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Leg Control</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>

How often do you fall? __________________________________________________________

Can you catch yourself when you fall, or do you fall like a tree? __________________

Please rate: (On a scale of 1=Poor – to – 10=Normal)

Your Speech? _____ Easily understood _____ Tone variation _____ Volume

Do you use a word board? ☐ Yes ☐ No ☐ Other _________________________________

Your Vision? _____ Do you use corrective lens? ☐ Yes ☐ No

Do you need? ☐ Large font ☐ Audio tape ☐ Note taker ☐ Other _________________

Your Learning Ability? _____ ☐ Need assistance, namely _________________________

Your Hearing? _____ ☐ Hearing Aid ☐ ASL _________________________________

How do you handle the following?

Routine medications ☐ By yourself ☐ Assisted ☐ Provided by others
Your finances, checkbook ☐ By yourself ☐ Assisted ☐ Provided by others
Housecleaning: ☐ By yourself ☐ Assisted ☐ Provided by others
Meals ☐ By yourself ☐ Assisted ☐ Provided by others
Getting dressed ☐ By yourself ☐ Assisted ☐ Provided by others
Shopping; groceries, etc. ☐ By yourself ☐ Assisted ☐ Provided by others
Personal Care ☐ By yourself ☐ Assisted ☐ Provided by others
The Joys of Living Assistance Dogs (JLAD) - Client Application

What personal attendants (including family members) do you use?

❑ Personal Care Aide  ❑ Cooking  ❑ Cleaning  ❑ Medical  ❑ Other ___________

Describe how many attendants and how often? (Daily, weekly?) ________________________________

____________________________________________________________________

Please describe your limitations – mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, your ability to read and understand written material, and anything that might help us understand your needs.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

What work, school, or rehabilitation program(s) have you completed? ______________

What is your current work or school schedule? ________________________________

What are your plans for work or school? ________________________________

List the people living in your home, including their ages and their relationship to you.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Do any other members of your household have a physical or mental disability? 

❑ No  ❑ Yes If so, how are they disabled and what are their limitations?

____________________________________________________________________

Please describe your home and yard. __________________________________________

____________________________________________________________________

Is your yard fenced? ❑ No   ❑ Yes If yes, how high is your fence? ______

If your yard is not fenced, if your fence is too short or needs repair, will you be able to put up a secure fenced area before you receive your dog?

❑ Yes   ❑ No __________________________________________
The Joys of Living Assistance Dogs (JLAD) - Client Application

What pets do you have now? Describe type and age.

________________________________________________________________________
________________________________________________________________________

Veterinarian’s name and phone number.

________________________________________________________________________

If you have a dog now, would you be willing to give up your present dog, if it cannot get along with a JLAD dog?  □ Yes  □ No (Explain)
________________________________________________________________________

If your present dog is not well-mannered, are you willing to train your dog before you receive your JLAD dog? □ Yes □ No (Explain)
________________________________________________________________________

What dogs have you had before? Describe what kind and how old you were.
________________________________________________________________________
________________________________________________________________________

Have you ever re-homed a pet? If so, what was the reason?

________________________________________________________________________

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your JLAD dog?
________________________________________________________________________
________________________________________________________________________

How will you handle the care of your JLAD dog if you are hospitalized? ______________

Will it be difficult for you?
• To attend placement classes at the JLAD Training Center in Salem, Oregon for five hours a day for 2 weeks? □ Yes □ No
• To limit your calendar for the 30-day bonding period? □ Yes □ No

Please explain any Yes answer
The Joys of Living Assistance Dogs (JLAD) - Client Application

Living with a Joys of Living Assistance Dog

Do you agree to the following conditions?

- That there is a reasonable expectation that your medical situation will allow you to use and benefit from your dog’s skills for 8 to 10 years.
  - Yes  ☐ No, explain

- That a JLAD dog will spend most of their time with their partner at home AND at work, at school, and social events if he/she is certified for public access and that no JLAD dog will be in a yard or kennel for long periods of time.
  - Yes  ☐ No, explain

- That a JLAD Dog is not a family pet – he or she has a specific function in their partner’s life and minimal interaction with others.
  - Yes  ☐ No, explain

- That you and your dog are ambassadors for Joys of Living Assistance Dogs, as well as for the entire assistance dog industry (guide, hearing, and service dogs) and you will be expected to maintain your dog’s appearance and manners, as well as your handling skills.
  - Yes  ☐ No, explain

- That a JLAD dog cannot be allowed off leash except in a secure area. Exercise and elimination must be done on leash or in a fenced yard or dog run.
  - Yes  ☐ No, explain

- That you must assume full responsibility as caretaker of your JLAD dog, in charge of their safety, health, and welfare. Their needs include:
  - Medical care – all care prescribed by your veterinarian and routine annual care as directed by JLAD.  ☐ Yes  ☐ No, explain

  - Nutritional care – including use of a good quality dog food and maintaining your dog’s proper weight.  ☐ Yes  ☐ No, explain

  - Daily exercise and play  ☐ Yes  ☐ No, explain


The Joys of Living Assistance Dogs (JLAD) - Client Application

· That you assume full responsibility for maintaining appropriate training and behavior, updating your ADI public access certification every two years. You must maintain identification for public access, if applicable.  ❑ Yes   ❑ No, explain ________________

· That you must assume full responsibility for cleaning up after your dog eliminates in public and for repairing any damage caused by your dog.  ❑ Yes   ❑ No, explain ________________

Sign below if you agree to the conditions listed above. Attach additional sheets if needed to explain any ‘No’ answer.

Signature of Applicant ____________________________ Date ______________
The Joys of Living Assistance Dogs (JLAD) - Client Application

Application Part B

Picture Outline

Please provide pictures with Part A of your application. Include the following information and label the pictures with your full name be sure to address ALL of the items listed below.

Your pictures are critical. JLAD reviews it frequently during the placement process:

- a. Initially, to see IF we can train a dog for your needs and accept you as a client
- b. When matching teams, to evaluate whether a dog in training fits your lifestyle and your needs
- c. During custom-training of the dog to meet your needs

Show your environment

- Home – Interior and exterior of your home, your yard (including any fencing),
- Any present pets you may have.
- Family members
- Other – Pictures of your work, school, recreational and/or social environment that may be helpful.
Letters of Recommendation

1) Personal (not a relative)
2) Professional (therapist, doctor)

We will need a physical letter from both people either included with the application or sent separately to Joys of Living Assistance Dogs.

Please send letters of recommendation to:

JLAD
PO Box 12023 Salem Or 97309
info@joydogs.org
Client Application Part C
Medical History Form

Please ask your physician or therapist to complete this form. Sign the release below and ask your physician to return it directly to JLAD.

<table>
<thead>
<tr>
<th>Patient’s Last name</th>
<th>First</th>
<th>Sex</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

**Release of Medical Information**

This authorizes you to release information regarding my condition to Joys of Living Assistance Dogs, Inc. This information will be used to evaluate and assess my situation and is essential for JLAD to train a service dog to increase my independence. All information is confidential.

Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.

<table>
<thead>
<tr>
<th>Printed name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
</tr>
<tr>
<td>Relationship or title and agency</td>
<td></td>
</tr>
<tr>
<td>Agency address and phone number</td>
<td></td>
</tr>
</tbody>
</table>

**To the Physician or Therapist:**

- We maintain confidentiality of our clients’ records. What you write here will not be shared with your patient unless you give express permission.
- If you have questions, please contact Joys of Living Assistance Dogs at (503) 551-4572. Please mail the completed form to:
  
  Joys of Living Assistance Dogs  
  PO Box 12023  
  Salem, Or 97309  
  info@joydogs.org

**Practitioner's Name:** ___________________________  **Specialty:** ___________________________

<table>
<thead>
<tr>
<th>Address</th>
<th>Telephone</th>
<th>Fax</th>
<th>Date of last examination</th>
<th>Length of association with patient</th>
</tr>
</thead>
</table>
What is patient's primary diagnosis? __________________________________________

What other conditions/diagnoses does the patient have? _______________________________

Prognosis for duration of impairment(s):

_________________________________________________________________________________

Prognosis for progression of impairment(s):

_________________________________________________________________________________

Prognosis for lifespan:

_________________________________________________________________________________

Medications taken on a regular basis (please list): _______________________________________

_________________________________________________________________________________

Please list the patient’s symptoms of PTSD ________________________________

_________________________________________________________________________________

<table>
<thead>
<tr>
<th>How severe is the patient’s mobility impairment? (Please circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How severe is the patient’s visual impairment? (JLAD does not train dogs to assist visual impairment.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None/correctible with glasses</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How severe is the patient’s auditory impairment? (JLAD does not train dogs to assist auditory impairment.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How severe is the patient’s cognitive impairment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do limitations affect patient's ability to control his/her own behavior?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>
# Joys of Living Assistance Dogs (JLAD) Client Application

How effective is the patient at handling and overcoming their limitations?

<table>
<thead>
<tr>
<th>Ineffective</th>
<th>Moderate</th>
<th>Very competent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

How reliable is the patient – on time for appointments, compliant with medications, etc.?

<table>
<thead>
<tr>
<th>Unreliable</th>
<th>Moderate</th>
<th>Very reliable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

To what degree do limitations affect patient’s ability to perform Activities of Daily Living* (ADL):

<table>
<thead>
<tr>
<th>Normal</th>
<th>Moderate</th>
<th>Totally reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Do limitations affect patient's ability to control his/her own anger?

<table>
<thead>
<tr>
<th>Unreliable</th>
<th>Moderate</th>
<th>Very reliable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Is the patient psychologically motivated and have the ability to care for a dog?

<table>
<thead>
<tr>
<th>Normal</th>
<th>Moderate</th>
<th>Totally reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Level of support and commitment of applicant’s support system.

<table>
<thead>
<tr>
<th>Normal</th>
<th>Moderate</th>
<th>Totally reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

What is the patient’s degree of suicidal ideation at this time?

<table>
<thead>
<tr>
<th>Normal</th>
<th>Moderate</th>
<th>Totally reliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

* Activities of Daily Living (ADL) refers to the ability to meet personal care needs, i.e. feeding, bathing, dressing, etc., as well as the ability to perform tasks necessary for independent living, i.e., be compliant with therapy and medications, manage finances, maintain home, acquire outside services.

## Cognitive and Emotional Evaluation of Patient:

<table>
<thead>
<tr>
<th>A. Able to exercise judgment and make decisions necessary for ADL</th>
<th>Yes</th>
<th>Minimally</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Able to sustain attention span</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Manifesting inappropriate behavior beyond his/her control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Able to control physical or motor movement sufficient to sustain ADL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Capable of perception and memory to the degree necessary to sustain ADL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Able to follow directions and learn to the degree necessary to sustain ADL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Under medication which impairs functioning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Capable of decisions about personal and others' needs and safety</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Is incapacity due to or affected by patient’s alcoholism or drug abuse?  Yes  No

IF YES:
A. Has patient ever been in treatment facility?  Yes  No
If yes, when and duration? ______________________________________________

B. Has permanent damage resulted?  Yes  No

C. Has patient refused treatment or referral to a treatment center?  Yes  No

Joys of Living Assistance Dogs may be skilled at the following tasks:

<table>
<thead>
<tr>
<th>· Manners and obedience</th>
<th>· Enhance balance while walking</th>
</tr>
</thead>
<tbody>
<tr>
<td>· Retrieve dropped articles</td>
<td>· Enhance balance while going up or down stairs</td>
</tr>
<tr>
<td>· Push Lifeline or 911 button</td>
<td>· Provide brace for transfers or getting up from floor/chair</td>
</tr>
<tr>
<td>· Find and retrieve phone</td>
<td>· Assist in pulling wheelchair</td>
</tr>
<tr>
<td>· Find help</td>
<td>· Retrieve adaptive equipment</td>
</tr>
<tr>
<td>· Retrieve from refrigerator</td>
<td>· Carry items in mouth or backpacks</td>
</tr>
<tr>
<td>· Push handicap buttons</td>
<td>· Take items to another person</td>
</tr>
<tr>
<td>· Turn lights off and on</td>
<td>· Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off</td>
</tr>
<tr>
<td>· Open and close doors</td>
<td></td>
</tr>
</tbody>
</table>

JLAD dogs have good manners and basic obedience. Their job is to provide assistance with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving a JLAD dog? If so, please describe:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Can you recommend that this patient receive a JLAD dog?  Yes  No
Why or Why Not? __________________________________________________________________
_________________________________________________________________________________

Do you feel that the client is capable of properly caring for a service dog? This would include the daily physical needs of the dog as well as the substantial financial commitment a service dog requires. (we estimate $2000/ yearly)  No  Yes

May we contact you with questions?  No  Yes
Joys of Living Assistance Dogs (JLAD) Client Application

Additional Comments or Remarks: __________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Signature of physician or therapist: ______________________________ Date: ____________

Mail to: JLAD
PO Box 12023
Salem Or 97309
503-551-4572
www.joydogs.org
The below questions are meant for you to think critically about the financial impact a service dog may have on your life. It is important to understand the financial responsibility that goes along with caring for the dog, including (but not limited to) food, veterinary care, treats, toys, beds, and (possibly) boarding. Please carefully consider the following questions:

- We estimate that the cost of a service dog is approximately $2000 per year. This is a basic estimate based on the cost of food, a yearly checkup for your dog, vaccinations, and a small stipend for unexpected veterinary occurrences. Do you feel comfortable taking on this cost?  
  • Yes  
  • No, explain

- Although the above amount of $2000 per year is a good place to begin budgeting, unexpected veterinary occurrences can happen. Please read the following scenario and explain how you would respond to the circumstances.

  You have taken your dog to a dog park for some exercise and play. Your dog starts playing with another dog and they are tumbling around the yard. Later when you get home, your dog appears to be limping and cannot put any weight on one of his legs. You take your dog to the vet and find out that he has torn a ligament and needs TPLO surgery – a not uncommon occurrence in large dogs. The cost will be anywhere from $2,980-$3,180 for surgery and post-operative expenses. Please describe how you would proceed.

- Is there a limit to the amount you could spend on veterinary care?

- How much is too much to spend?
  $___________________________

- Would you ever consider euthanasia due to medical costs?
Have you ever, in the past, had to euthanize a pet due to the cost of medical care? If yes, please describe the situation:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Does your liability insurance cover a service dog?  Y / N
(If not, by the time you receive your dog you will need to provide proof of coverage.)

If so, who is your provider_____________________________________

Phone # of provider_____________________________________

Policy # _______________________________________

We reserve the right to call to verify coverage

Source of Income
❑ Professional  ❑ Self-Employed  ❑ Government Benefits  ❑ Other

If you are employed, please describe your work: ________________________________

Number of years in current place of work: ________________________________

Securing the Sale Price of your Dog

The sale price of our dogs is subject to change each calendar year. We will honor the price of the dog for the calendar year the application is received.

Signature of Applicant _____________________________________ Date ____________

Return Part A of the Client Application, Pictures, and Financial Plan for Your Dog to:

JLAD
PO Box 12023
Salem Or 97309

If you have questions, call us at (503) 551-4572

info@joydogs.org