



MobilityDogs®

LIFE CHANGING LOYALTY

Application Process & Applicant Form

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For Office Use Only: Document Control: Application Form		
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Introduction to Mobility Dogs

Thank you for your enquiry to Mobility Dogs.

Mobility Assistance Dogs Trust (Mobility Dogs) is a Charitable Trust established in 2003. Our Mission is to enhance the lives of people living with long-term disabilities, increasing independence, confidence, self-esteem and participation in New Zealand communities.

We achieve this through the following initiatives: undertaking the training of Mobility Assistance Dogs; providing Mobility Dogs to people living with disabilities and instructing them in the skills required to work with a Mobility Dog.

The Specialist Tasks of a Mobility Dog

Our everyday work is focused on partnering highly skilled Mobility Dogs with individuals living with disabilities including, but not exclusive to, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal injury, stroke, and Parkinson's. Mobility Dogs are trained in a range of specialist tasks such as:

- Fetching the phone
- Retrieving dropped items
- Paying for purchases across a counter
- Taking off shoes, socks, gloves etc.
- Switching lights on and off
- Loading and unloading washing machines and dryers
- assisting with transfers to/from a wheelchair
- opening and closing doors, cupboards and drawers
- carrying items in a backpack
- pressing lift and pedestrian buttons
- bringing in mail from a letterbox
- depositing rubbish into bins
- barking for help on command
- delivering items from one person to another
- towing a manual wheelchair

We recommend you go to our website www.mobilitydogs.co.nz as you will gain an overview of the Trust there are several client stories that will give you a sense of what to expect from being partnered with a Mobility Dog.

Application Process

Please note at present we are not taking applications from applicants who are under 16.

The process for receiving a Mobility Dog is divided into **three** separate stages outlined below. As each stage is completed and reviewed by the Mobility Dogs team, you may be asked to continue to the second and finally the third stage or be advised that your application is not proceeding to the next stage.

We understand that this can be a lengthy process for you, however we aim to ensure that a Mobility Dog is appropriate for your specific situation and will enhance your life.

- All applicants will be considered for a Mobility Dog in accordance with our Equal Opportunities Policy.
- All applicants will be treated with respect and fairness in accordance with Principal 2 of Mobility Dogs Code of Ethical Conduct

Eligibility Criteria

- Long-term disability
- Dog can enhance daily life by undertaking functional tasks
- Adequately manage and care for a dog or have key support person(s) supporting the placement
- Home environment is suitable for housing a Mobility Dog

Costs

Whilst the cost to raise and train a Mobility Dog is met by the Trust, there is a placement cost of \$5,000 for clients which contributes to associated placement costs if you receive a dog.

Applicants who successfully move into stage three of the application process will incur the cost of a Functional Assessment unless they are able to attend in the Auckland region.

Once our dogs are placed with clients all ongoing costs of the dog are met by the client. On average this is approximately \$2,500 per year.

Timeframes

Due to demand for a Mobility Dog and individual client requirements we are unable to provide set timeframes for completion of the application process.

We undertake to:

- keep applicants informed throughout the application process
- To meet timeframes detailed in the Application Stages below
- Respond to any enquiries promptly
- Provide details of expected timeframes/next steps to each applicant as applicable
- You will be advised of the final outcome by Mobility Dogs staff within one month of the completed functional assessment being received by Mobility Dogs
- If successful we then begin a process of looking for a suitable Mobility Dog with the training, skills, personality and physical requirements to match your needs. This can happen quickly or take significant time to find a suitable match.

Stage 1: Application Form

- please complete as fully as you can and return to applicants@mobilitydogs.co.nz .
- You will be contacted by the applicant coordinator once the team have reviewed your form.
- Generally, the team will review applications monthly. They may want to ask you further questions about your application in which case they will get in touch.
- Or, if you have any queries about the application form please give the applicant coordinator a call or email.
- We will aim to contact you again within one month of reviewing your application.

Stage 2 Home Visit

- The home visit is when you will meet one or two of our team. If you live outside Auckland, we will visit only when we are in close proximity to your area. This may take time to schedule.
- At the home visit we ask you to have at the appointment any support people, friends, family, health professionals etc who will be involved in you potentially receiving a Mobility Dog.
- Having a Mobility Dog in your life can be very rewarding. However, the dogs require a great deal of time, care and attention from you. Sometimes living with a disability means care of a dog can be challenging. It is during this meeting that we can discuss how this will be managed by you or your support people.
- Cost of the dog will also be discussed at this visit
- We aim to be back in touch with you again within one month of the home visit to advise whether you will be asked to complete a functional assessment.

Stage 3 Functional Assessment

- The functional assessment is a session with a physiotherapist or occupational therapist, who will ask you questions about your health and function and take some measurements of your physical functioning.
- You will also discuss how a Mobility Dog might impact your function.
- The assessment usually takes an hour. If you are in Auckland the Functional Assessment is of no cost to you. If you live out of Auckland you will need to arrange for a physio-therapist or occupational therapist to complete the assessment. We will provide your nominated provider with details of what is required from the functional assessment. This cost is at your expense.

Personal Information

Name	
Date of birth	
Address	
Phone day	
Phone night	
Cell phone	
Email	
Preferred communication method:	
Primary contact person for application – if different from above Name, contact details:	

Emergency Contact	
Name	
Address	
Phone	
Cell phone	
Email	

Medical Information

Diagnosis	
Onset	
Other relevant medical history	
Medications Please list:	
List any significant operations you have had in the last 5 years.	
List any planned operations in the next 2 years.	
Do you have a hearing impairment? If yes, please explain	
Do you have a visual impairment? If yes, please explain	
Height	
Weight	
List any regular medical appointments and note how often you attend.	
List any regular therapy sessions and note how often you attend.	

Abilities and Limitations

Please indicate which is the most appropriate box for you regarding the following activities:

I can:	With Ease	With difficulty	Never	Comments
Pick up items off the floor				
Pick up items off a table				
Use wall light switches				
Open doors				
Open drawers/ cabinets				
Push my manual chair				
Take off Shoes/Socks				
Take off Jacket				
Write with a pen				

My voice is:

Loud		Average	
Soft		Very soft	

Do you have any difficulties with your speech?

Do you require any help with transfers (i.e. from wheelchair to bed, wheelchair to shower)? Please detail.

Mobility Aids Used

	Frequently	Occasionally	Never
Power chair			
Manual wheelchair (self-propelling)			
Walker			
Walking stick			
Crutches			
Other			

Any other comments?

Please detail here:

Home Environment

Do you own your own home: yes / no

If no: you will be asked before you are accepted for a Mobility Dog to provide written confirmation from your landlord or housing provider agreeing to you having a Mobility Dog living with you.

List names, ages and relationship to you of others in your household

Name	Age	Relationship

Are all members of the household supportive of your application? Yes / No

If not, please describe their concerns:

Please indicate where you live:

House		Townhouse	
Apartment		Other	

Is the property fully fenced?

If Yes: What is the height of the lowest fence surrounding your property.

IF No: Please note that if your application is successful you will be required to have a fully fenced property. Fence should be a minimum of 1.5m high

Please give an approximation of the size of your backyard (a photo is also fine to send with these details)

Your Experience with Dogs

Please list the dogs you have owned in the past

Dog's Name	Breed	Length of time you had the dog

Other Pets

Please list other pets in your household.

Are you intending to get a dog or any other pet at any time in the future?

Your Daily Routine

Describe your daily routine:

Note things like get up, breakfast, morning chores, travel to work by car/bus, work, lunch at café, visit friends, courses/study, gym/exercise, rest/nap, TV, family, friends, dinner at home/out, computer, reading, outing, grocery shopping, rehab, doctor, shopping, movies etc.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6 am							
7 am							
8 am							
9 am							
10 am							
11 am							
12 am							
1 pm							
2 pm							
3 pm							
4 pm							
5 pm							
6 pm							
7 pm							
8 pm							
9 pm							
10 pm							
11 pm							

Additional Activities

Please list/describe any activities, interests and hobbies **not already** mentioned above.

Travel Away from Home:

Type of Travel	Duration	Number of trips per year	Transportation used
Business trips			
Holiday within NZ			
Overseas trips			

Transportation:

Comment on when you use the following transportation (e.g. to work, school, shopping)

Drive your own vehicle	
Passenger	
Taxi – car	
Taxi – mobility van	
Bus	
Train	
Other	

Employment/Study/School

Although our dogs have public access this does not entitle them to enter private working or school environments. Therefore, if successful we require written confirmation from the school or business that they support you bringing a Mobility Dog to their premises.

Employment Details (if Applicable)

Name of Employer			
Occupation			
Full Time	Hrs per week	Part time	Hrs per week
Describe the setting: office, manufacturing, retail etc:			
Please name or describe anything that may pose a hazard to a dog's health or well-being e.g. loud machinery, odours, fluids, high frequency noises etc.			

School /Tertiary Details (if Applicable)

Name of School or Tertiary provider			
Full Time	Hrs per week	Part time	Hrs per week

The Mobility Dog

Tasks

Please list as many tasks you wish the dog to perform for you and then describe how that will give you increased independence

Task	Independence You Hope to Gain

Care and Maintenance of a Mobility Dog

Please tick the box which best suits your situation

	Me	Paid Attendant	Family/Friends Support
The dog will be fed by			
The dog will be groomed by			
The dog will be exercised by			
Dog waste will be picked up by			

Signature

Please sign below and return with your application form to applicants@mobilitydogs.co.nz confirming:

- I understand all the information in the Mobility Dog application form including that there are a number of components and criteria that have to be met before my application can progress further.
- I understand that the initial application, or progression to a home visit or functional assessment does not guarantee acceptance onto the Mobility Dogs waiting list, or that I will receive a dog.
- If the application proceeds to Stage 3, I agree to undertake a Functional Assessment to be provided to Mobility Dogs.
- I am prepared to meet the responsibilities of a Mobility Dog client.
- I acknowledge the information contained within this application is true and correct.
- I will notify Mobility Dogs of any changes in my circumstances.

Signature: _____ **Date:** _____

If the applicant requires someone else to sign on his or her behalf, please do so below and identify your relationship to the applicant.

Name:	Signature:
Relationship to Applicant:	
Phone:	Date:
Contact Address:	

How did you hear about Mobility Dogs?

- | | |
|---|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Media | <input type="checkbox"/> Disability organisation |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Other (please specify) | |