



## Pre-application process for a Mobility Dog

### 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:

- Retrieving and delivering items
- Paying for purchases across a counter
- Assisting with taking off clothing ie. socks, jackets, dressing gowns etc
- Assisting with Bracing and Stabilising
- Opening and closing doors, cupboards and drawers
- Carrying items
- Pressing buttons ie. pedestrian and restroom buttons
- Depositing items into baskets and containers
- Barking for help on command
- Delivering items from one person to another

We recommend you go to our website [www.mobilitydogs.co.nz](http://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.

### THE PRE-APPLICATION PROCESS

Please note that filling out this form does not guarantee you will be suitable to receive a Mobility Dog. We do not accept applications under the age of 16 or at school.

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 \$10,000 which contributes to associated placement costs if you receive a dog. Applicants who successfully move into stage three of the application process will also incur the cost of a Functional Assessment. Once our dogs are placed with clients all ongoing costs of the dog are met by the client and we recommend you seek Pet Insurance cover. 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
- Respond to any enquiries promptly
- You will be advised of the final outcome by Mobility Dogs when the Mobility Dogs team have reviewed and assessed all your documentation.
- If you are 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.

## **APPLICATION STAGES**

### STAGE 1:

- Please complete as fully as you can and press submit at the end of the 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.
- It may be that your application does not proceed any further and you will be advised of this outcome accordingly.
- Or, if you have any queries about the application form please give the Client Coordinator a call or email.

### STAGE 2:

- If you proceed to this stage of the application you will be required to have a home visit where you will meet one or two of our team.
- 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.
- It is at this stage the team meets again to review your application. You will be contacted by the Client Coordinator to advise if the application will proceed to stage 3.

### STAGE 3:

- A functional assessment is the next stage in the process to confirm you are a good candidate for a mobility dog and to inform the matching process.

- The functional assessment needs to be done by a physiotherapist or occupational therapist. If you can travel to Auckland, we can help set this up for you but otherwise, you can nominate a therapist, preferably that knows you. We will liaise with your nominated therapist about the process for the functional assessment.
- The functional assessment will take about an hour of your time and the therapist will discuss your function now and how it might be impacted by a mobility dog. The therapist will also do some routine functional assessments.
- The cost of the functional assessment should be met by you.
- If you are successful you will be advised accordingly.

**If you are successful in your application Mobility Assistance Dogs requires confirmation from our clients that they can adhere to the terms and conditions below:**

**Mobility Assistance Dogs Trust terms and conditions: \***

I confirm that I meet the eligibility criteria listed above.

I confirm that I am 16 years of age or older and not in school.

I confirm that where I live there is adequate outside space with a grassed area, shelter and shade for a dog.

I confirm that a landlords letter of approval will be provided if I live in a rental property.

I confirm that I can put in place a support care plan for the dog to ensure its health and wellbeing can be managed by a team of support workers if I am unable to carry out the tasks, ie: regular exercise, grooming and collection of dog waste.

I understand that my property needs to be fully fenced to a minimum height of 1.5m if I am successful in my application for a Mobility Dog, and this will be done prior to placement.

I understand that a Mobility Dog must be fed a Vet approved diet.

I understand that the Functional Assessment will be at my cost.

I understand that the placement cost for a Mobility Dog is \$10,000.

I understand that if a harness for bracing purposes is needed this is an additional cost of \$2,000.

I understand that if my application is successful, an exact timeframe for when I will receive my dog cannot be given by Mobility Assistance Dogs Trust and that in some cases a waitlist system may be in place due to demand.

I agree to seek written approval from an employer or tertiary institute if I am successful in receiving a Mobility Dog before taking it into a work or study environment.

**If you are unable to meet any of the above requirements please contact the Client Coordinator - Applicants at [gemma.overton@mobilitydogs.co.nz](mailto:gemma.overton@mobilitydogs.co.nz) to discuss further.**

**I confirm I have read and understood the above. \***

First Name      Last Name

## Personal Information

### **Name \***

First Name      Last Name

### **Email \***

example@example.com

### **Date of Birth \***



Month Day Year

### **Address \***

Street Address

Street Address Line 2

City                                      State / Province

Postal / Zip Code

### **Mobile Number \***

Area Code                              Phone Number

**Alternative Phone Number \***

Area Code

Phone Number

**Preferred method of communication \***

Email

Phone

Mail

**Primary contact person for application - if different to above (Name and contact details)**

First Name

Last Name

**Emergency contact person's name \***

First Name

Last Name

**Emergency contact person's Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Emergency contact person's cell phone number \***

Area Code

Phone Number

**Emergency contact person's email \***

example@example.com

**What is your ethnicity? \***

Maori

Pacific Islander

Asia

Middle Eastern/Latin American/African

European New Zealander

## Medical Information

Please provide as much detail as possible.

**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? \***

Yes

No

**If YES, please provide more detail.**

**Do you have a vision impairment? \***

Yes

No

**If YES, please provide more detail.**

**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:

With ease

With difficulty

Never

Pick up items off the floor

Pick up items off a table

Use wall light switches

Open doors

Open drawers/cupboards

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. \***

**Please indicate if you use any of the below:**

**Frequently**

**Occasionally**

**Never**

**Power chair**

**Manual wheel chair (self propelling)**

**Walker**

**Walking stick**

**Crutches**

**Other**

**Any other comments? Please detail below.**

## Lifestyle

To better understand what kind of dog would fit into your lifestyle, please describe in as much detail as possible, what a typical weekday looks like for you. Please include information such as: what time you get up, any activities you do, any study / work, exercise routines, medical appointments, social activities, outings etc \*

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

Travel away from home. Comment on when you use the following transportation (e.g. to work, shopping) :  
Drive your own vehicle, passenger, taxi, mobility van, bus, train, other. \*

## Home Environment

**Do you own your own home? \***

Yes

No

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

**Are all members of the household supportive of your application? \***

Yes

No

**If not, please describe their concerns.**

**Please indicate where you live: \***

House

Apartment

Townhouse

**Is the property fully fenced? \***

Yes

No

**If NO: Please confirm 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.**

I confirm I understand the fencing requirements.

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

## **Your Experience With Dogs**

**Please describe your previous experience with dogs you own or have owned in the past: \***

**Please list any other pets in your household. \***

## Employment/Tertiary Education

**Employment Details (if applicable). Please include: name of employer, occupation, full time - hrs per week, part time - hrs per week, describe the setting: office, manufacturing, retail etc.**

**School /Tertiary Details (if applicable). Please include: name of school or tertiary provider, full time - hrs per week, part time - hrs per week**

## The Mobility Dog

**Please describe how you feel a dog will enhance your life. Please give us as much detail as possible in order for us to accurately process your application: \***

**Care and Maintenance of a Mobility Dog (Please tick the boxes that best suit your situation) \***

Me   Paid Support/Carer   Family/Friends

The dog will be fed by

The dog will be groomed by

The dog will be exercised by

The dog waste will be picked up by

## Pre-Application Agreement

**In order for your application to be valid please read and confirm your understanding of the below by checking the boxes, and filling in your name and today's date. \***

I understand all the information in the Mobility Dog pre-application form, including that there are a number of components and criteria that have to be met before my application can progress further.

**Please fill in your name and today's date to confirm you have read and understood the above. \***

First Name   Last Name

**Date \***



Month   Day   Year