



Dear Prospective ADW Client:

Thank you for your interest in a service dog from Assistance Dogs of the West. Enclosed is the ADW Client Application packet and program information. Please return the completed packet to the P.O. Box on this letterhead. If you have any questions about the application, please feel free to call us at 505-986-9748 or email us at [info@assistancedogsofthewest.org](mailto:info@assistancedogsofthewest.org).

**A COMPLETE APPLICATION PROCESS WILL INCLUDE ALL OF THE FOLLOWING:**

*Please keep a copy of all completed forms for your records*

1. Completed Program Application Form
2. Completed Pre-Interview Form
3. Medical History Form completed by your physician or primary care specialist
4. A letter of personal reference from a friend, co-worker, or someone other than a family member.
5. A professional letter of reference from a therapist, social worker, teacher, or other professional with whom you have contact.
6. A photograph of yourself, your family/living environment and a short autobiography.
7. Completed Financial Aid Form
8. A signed copy of ADW's Privacy Practices
9. An appointment for a Functional Evaluation with occupational therapist Melissa Winkle in Albuquerque, NM.
10. Appointments with ADW staff for personal and home interviews.

Once we receive a **completed** application, you will be advised to make an appointment for a Functional Evaluation with Occupational Therapist, Melissa Winkle in Albuquerque, NM. Next you will set an appointment with an ADW trainer to help us understand your needs, personality, and lifestyle in order to match you with the right dog. The third step in the process is a home visit during which ADW staff will assess your environment for suitability in working with a service dog. All of this information is used to conduct a staff review to determine whether the applicant meets the profile for a successful placement candidate with an ADW dog.

When applicants are notified of acceptance into the ADW program, the final step is the waiting list. Although the ADW waiting list is shorter than most service dog organizations, it averages six months to two years to make a client/dog match. Client/dog interviews are conducted on a regular basis during this time to assess needs and potential matches. Occasionally new information identified during the interview process can change client acceptance status if a need is found that ADW dogs cannot meet. Once a match is made, the client is then scheduled for the next two week Client Placement Training (CPT) in Santa Fe. A minimum one half of the \$5,000 in-state / \$7,500 out-of-state client fee\* is due the first day of CPT. ADW can help with information about government funding, grants, scholarships, fund raising ideas and other financial support.

Thank you for your interest in our program. Please do not hesitate to call with any specific questions you may have.

Sincerely,

Carolyn Clark Beedle  
Executive Director



## Program Application

It is the policy of Assistance Dogs of the West that all applicants receive equal consideration and treatment. All evaluations and reviews will be on the basis of ADW ability to successfully provide resources to identified client needs, regardless of race, color, religion, sex, marital status, age, national origin, physical handicap, disability, medical condition or ancestry. This commitment applies to all persons involved in the operations of the company and prohibits unlawful discrimination by any employee of ADW.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State/ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

Date of birth \_\_\_\_\_ Approx. weight \_\_\_\_\_ Approx. height \_\_\_\_\_

Place of Employment or Student's Current School:

\_\_\_\_\_

Address \_\_\_\_\_ Suite Number \_\_\_\_\_

City \_\_\_\_\_ State/ Zip Code \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Nearest Relative:

\_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

City \_\_\_\_\_ State/ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Other (*please explain*) \_\_\_\_\_

With whom do you live? (Check all that apply)

Alone       with Parent(s)       with Spouse or Significant Other

with Attendant     with Roommate(s)     Other: \_\_\_\_\_

Do you have children? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, how many and what are their ages?

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What type of home do you live in?

Private home/House     Apartment     Dorm

Single Room       Group Home       Mobile Home

Other (*please explain*):

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Do you have a fenced yard or an enclosed outside area?

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What is the general size and location of the area?

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Have you ever had a dog or dogs before? Please describe your experience with your dog/s.

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Do other animals live with you or visit you frequently? If so, please describe them, including the breed, sex, and age. Who is responsible for the care of these animals?

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Does anyone in your household have concerns or worries about having an assistance dog in your/his/her home? Does he/she not want to have a dog in the house? If so, please describe.

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What is your primary disability?

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Do you know the cause of your disability? If so, please explain:

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Please list any secondary disabilities:

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At what age were you disabled? \_\_\_\_\_

Is your disability progressive? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are the effects of your disability in your daily living? (Check all that apply)

- Deafness     Speech Impairment     Reduced Stamina     Hearing Loss
- Coordination Problems     Limited Mobility     Memory Loss     Spasticity
- Slowed Development     Vision Impairment     Muscular Weakness
- Other:

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Do you have any problems with: (Check all that apply)

- Allergies     Chronic Pain     Heightened Emotions     Depression
- Seizures     Skin Sensitivity     Balance     Brittle Bones
- Heat/Cold Sensitivity

Do you use an aid or assistive device? (Check all that apply)

Prosthesis     Leg Brace     Manual Wheelchair     Electric Wheelchair

Wrist Brace     Hearing Aid     Crutch/Cane     Walker

Do you have any of the following psychological conditions or disorders as diagnosed by a psychiatrist or psychotherapist? (Check all that apply)

Agoraphobia     Anxiety     Bipolar     Depression (chronic or clinical)

Dissociative Tendencies     Obsessive Compulsive Disorder

Panic Disorder     Post Traumatic Stress Disorder     Schizophrenia

Social Phobia     Other (please describe) \_\_\_\_\_

Do you have frequent or persistent problems with any of the following, even if not diagnosed by a psychiatrist or psychotherapist? (Check all that apply)

Anger     Apathy     Crying     Disorientation     Fearfulness     Forgetfulness

Insomnia/Difficulty Sleeping     Moodiness     Nervousness     Nightmares     Panic

Restlessness     Sadness     Social Withdrawal

Other (please describe) \_\_\_\_\_

What kind of assistance dog are you looking for? (Check all that apply)

Service     Social Therapy     Seizure Alert/Response     Psychiatric Support

Facility     Medical Alert     Other: \_\_\_\_\_

Are you able to travel to the Assistance Dogs of the West office for your interview?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If no, please explain:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please Note:** ADW has a broad profile of the successful candidate for placement of an assistance dog. The more information that you can share with us, the better ADW will be able to determine the type of assistance/support you require. Occasionally, after acceptance in our program, new information is

identified through the interview process that can change the client acceptance status. If a critical client need is identified that an ADW dog cannot meet, ADW reserves the right to change the acceptance status. This is done with careful consideration of the client needs and ADW dog abilities and the mutual desire for a successful outcome for all.

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

Name

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Relationship to applicant

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Address

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City \_\_\_\_\_ State/ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

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Parent or Guardian Signature

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Date



## Pre-Interview Form

Assistance Dog Applicant:

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Please Print Name

**Please include the following information along with this form:**

**1. A short autobiography to help us know you better**

**2. A recent photo of yourself**

1. How did you learn about our program?

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2. What are you interested in having an assistance dog do for you? Why?

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3. Do you need an assistance dog backpack for: [Check all that apply]

Pulling  Carrying items  Balance  Won't use  Identification

Other:

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4. Please rate your ability in the following areas.

How well do you:

Normal

Some  
Difficulty

Much Difficulty

Unable

A. Pick up items off the floor?

B. Push elevator buttons?

C. Turn lights on and off?

D. Push a manual wheelchair?

E. Flex your wrist?

F. Make a fist?

5. Please check all that apply to you:

A. What, if any, assistance devices do you use?

Manual chair  Electric chair  Scooter  Walker/Crutches

B. Check the types of transfer that you use:

Standing  Pivoting  Slide board  With help  Other:

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C. How is your speech?

Clear-rapid  Clear-slow  Slurred  Difficult to understand

D. How do you best communicate verbally?

Voice  Letter board  Interpreter  Other:

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E. How developed are your walking skills?

Short distances  Only with support  On level ground  Not at all

F. How high can you lift your arms?

Above your head  To your shoulders  Only slightly

6. Please rate your ability in the following areas.

- |                             |                                    |   |                                       |  |
|-----------------------------|------------------------------------|---|---------------------------------------|--|
| A. Voice                    | <input type="checkbox"/> Normal    | <input type="checkbox"/> Somewhat Limited | <input type="checkbox"/> Very Limited | <input type="checkbox"/> Unable to Speak |
| B. Lung capacity            | <input type="checkbox"/> Normal    | <input type="checkbox"/> Somewhat Limited | <input type="checkbox"/> Very Limited |  |
| C. Hearing                  | <input type="checkbox"/> Normal    | <input type="checkbox"/> Somewhat Limited | <input type="checkbox"/> Very Limited | <input type="checkbox"/> Deaf            |
| D. Balance                  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair         | <input type="checkbox"/> Poor            |
| E. Endurance                | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair         | <input type="checkbox"/> Poor            |
| F. Mobility                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair         | <input type="checkbox"/> Poor            |
| G. Physical strength        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair         | <input type="checkbox"/> Poor            |
| H. Speed of reaction        | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair         | <input type="checkbox"/> Poor            |
| I. Vision (with correction) | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good             | <input type="checkbox"/> Fair         | <input type="checkbox"/> Poor            |

7. Are you: (Circle your answer)

- A. Extra sensitive to heat?      Yes    No
- B. Extra sensitive to cold?      Yes    No
- C. Extra sensitive to pain?      Yes    No
- D. Socially active?              Yes    No

8. What kind of activities are you involved in? (Check all that apply)      Hours Per Week

- Work (paid or volunteer) outside the home      \_\_\_\_\_
- Work (paid or volunteer) from within the home      \_\_\_\_\_
- School      \_\_\_\_\_
- Shopping      \_\_\_\_\_
- Formal Exercise      \_\_\_\_\_
- Recreational/entertainment activities outside the home      \_\_\_\_\_

9. In general, please describe your home life, social activities, hobbies, lifestyle, and the type of community in which you live:

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

Lions    Veterans    Civitans    Rotary    Kiwanis    Elks    Soroptimists

Alumni Association(s)   Other: \_\_\_\_\_

11. Please check the boxes below that describe your living situation.

Animals in the household (Dogs # \_\_\_\_\_ Cats # \_\_\_\_\_ Other: \_\_\_\_\_)

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 personality that might suit you best? (Check all that apply)

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

13. Which of the following words describe traits you would **not** want your dog to have? (Check all that apply)

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

14. Rate yourself in the following areas:

- |                                   | Very High | High | Average | Low | Very Low |
|-----------------------------------|-----------|------|---------|-----|----------|
| a. Enjoys people contact          |           |      |         |     |          |
| b. Likes to take risks            |           |      |         |     |          |
| c. Easily expresses emotions      |           |      |         |     |          |
| d. Likes to be in charge          |           |      |         |     |          |
| e. Easily bored with people       |           |      |         |     |          |
| f. Determined to accomplish goals |           |      |         |     |          |

15. Rate yourself in the following areas:

- |   | Very High | High | Average | Low | Very Low |
|---|-----------|------|---------|-----|----------|
| a. Assertiveness  |           |      |         |     |          |
| b. Self-confidence  |           |      |         |     |          |
| c. Ability to respond rationally to crisis                                |           |      |         |     |          |
| d. Ability to accept criticism or correction                              |           |      |         |     |          |
| e. Willing to learn new concept (even if different from previous beliefs) |           |      |         |     |          |
| f. Ability to laugh at oneself  |           |      |         |     |          |
| g. Shyness  |           |      |         |     |          |
| h. Sensitive to other's emotions  |           |      |         |     |          |
| i. Exuberance   |           |      |         |     |          |
| j. Responsibility   |           |      |         |     |          |
| k. Ability to control feelings/emotions                                   |           |      |         |     |          |
| l. Desire to please others  |           |      |         |     |          |
| m. Creativity   |           |      |         |     |          |
| n. Independence   |           |      |         |     |          |

16. Please describe personal/physical care management practices that you have which you think might affect your Assistance dog placement:

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

A. Feeding \_\_\_\_\_

B. Grooming \_\_\_\_\_

C. Toileting \_\_\_\_\_

D. Veterinarian care \_\_\_\_\_

E. Financial costs \_\_\_\_\_

F. If you are hospitalized \_\_\_\_\_

G. Flea problems \_\_\_\_\_

H. Family/friend involvement \_\_\_\_\_

\_\_\_\_\_

I. Public Access issues \_\_\_\_\_

J. Dog behavior problems \_\_\_\_\_

18. Assistance dog training program:

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

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B. What suggestions can you make to personally accommodate this training?

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

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

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

If yes, please identify: SSI \_\_\_\_\_ Veterans \_\_\_\_\_ Dept of Voc Rehab \_\_\_\_\_

Other: \_\_\_\_\_

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

- Elementary school
- Junior high
- High school
- Some post secondary classes
- AA/AS degree
- BA/BS degree
- Master's degree
- Doctorate
- Other \_\_\_\_\_

21. If you have any identified learning disabilities, please list them below:

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**Assistance Dogs of the West**  
**Applicant Medical History Form**  
P.O. Box 31027 Santa Fe, New Mexico 87594 505-986-9748  
[info@assistedogsofthewest.org](mailto:info@assistedogsofthewest.org)

**This form is to be completed by your physician and sent together with your other application materials**

Dr.

\_\_\_\_\_  
Please release the requested information regarding my condition to the above identified organization. This information will help determine my abilities in regards to the placement of an assistance dog.

Applicant's Name (please print):

\_\_\_\_\_  
Applicant's Signature:

**Doctor's Name:**

\_\_\_\_\_  
Type of Practice:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Patient Information:**

What is this patient's primary disability?

\_\_\_\_\_  
What was the cause of the disability?

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Are there significant secondary disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe:

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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 \_\_\_

What are the effects of patient's disability? (Circle all that apply)

Deafness Speech Impairment Reduced Stamina Hearing Loss Coordination  
Problems Limited Mobility Memory Loss Spasticity Slowed Development  
Vision Impairment Muscular Weakness Other: \_\_\_\_\_

---

Does patient have any problems with: (Circle all that apply)

Allergies Chronic Pain Heightened Emotions Depression Seizures Skin  
Sensitivity Balance Brittle Bones Heat/Cold Sensitivity  
Other: \_\_\_\_\_

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Does patient use an aid or assistive device? (Circle all that apply)

Prosthesis Leg brace Wheelchair (Electric) Wheelchair (Manual)  
Wrist Brace Hearing Aid Crutch/Cane Walker  
Other: \_\_\_\_\_

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Does patient have any of the following psychological conditions or disorders? (Circle all that apply)

Agoraphobia Anxiety Bipolar Depression (chronic or clinical)  
Dissociative Tendencies Obsessive Compulsive Disorder  
Panic Disorder Post Traumatic Stress Disorder Schizophrenia  
Social Phobia Other (please describe) \_\_\_\_\_

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Does patient have frequent or persistent problems with any of the following? (Check all that apply)

Anger Apathy Crying Disorientation Fearfulness Forgetfulness  
Insomnia/Difficulty Sleeping Moodiness Nervousness Nightmares  
Panic Restlessness Sadness Social Withdrawal O Other (please describe)  
\_\_\_\_\_

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Does patient: (Check all that apply)

Drive Ride Bus Fly Driven By Others Travel Distances On Foot/Wheels  
Other:

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Current number of hours of attendant care per week: \_\_\_\_\_

**ADL: Activities of Daily Living**

**Is This Patient:** (Please Circle Below)

- A. Able to exercise judgment and make decisions necessary for ADL?  
Yes Minimally No
- B. Able to sustain 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

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

Do you feel the Assistance Dogs of the West might benefit from consultation with you about this patient?  
Yes No

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Potential Funding Sources

ADW clients pay a one time fee for the client services and training related to the placement of their assistance dog. The \$5,000 in-state/\$7,500 out-of-state fee covers a portion of the ADW cost for client services. The total cost for preparing a dog for placement is approximately \$15,000. This money is raised by ADW. ADW allows and encourages clients to participate in additional fund raising activities if they are interested and able. Our most successful clients are those who play an active role in the entire placement process and the search for increased independence and self-reliance.

If you are seeking financial assistance to pay for your client services fee, there are numerous local community service organizations that may offer resources. ADW has sample fundraising letters available for your use. Some organization examples are:

- Kiwanis International
- Rotary Club
- Civitans Club
- Lions Club
- Other Community Service Organizations

ALSO (as appropriate)

- Religious organizations (especially those you are associated with).
- Corporate Matching Funds: larger businesses frequently have a matching fund if an employee makes a donation to a non-profit through work, so if you have anyone that can contribute through work, have them check for a matching fund.
- Corporate Foundations: many large organizations have foundations that make grants. If you have family or friends employed by large firms, have them check with their Human Resources or Benefits departments.
- Healthcare contacts that you have: your doctor's office, dentist, etc.
- Local businesses that you interact with: your bank, your dry cleaners, your favorite restaurants, your barbershop or hair dresser, etc.
- Local Veterinarians: many will let people put up flyers requesting support
- NM Division of Vocational Rehab (check other states) if applicable
- NM Aging and Long Term Services Dept (check other states) if applicable
- NM Department of Health, Developmental Disabilities Supports Division (check other states) if applicable

There are specific funds available through the 'Voucher Program' at the Assistance Dog United Campaign. Applications must be requested through ADUC, filled out and returned to them between April 1 and May 31 each year.

Assistance Dog United Campaign  
Cathy Condon, Administrator  
1221 Sebastopol Road  
Santa Rosa, CA 95407  
(800) 284-3647  
[www.assistedogunitedcampaign.org](http://www.assistedogunitedcampaign.org)



## ADW FINANCIAL FORM INSTRUCTIONS

**Please read this information before filling out the Financial Form sheet**

ADW has a fee for service of \$5,000 in-state/\$7,500 out-of-state for an assistance dog. This fee represents the costs attached to the Client Placement Training course, client interviews and post placement follow up. Each dog actually costs ADW over \$15,000 in training and expenses; financial and in-kind donations help to defray those costs for recipients.

Some external agencies provide assistance with funding assistance dogs. If you receive services from the NM Division of Vocational Rehabilitation (DVR), contact your counselor to initiate the process to obtain payment through their office. ADW will provide any necessary paperwork, but you must initiate the process. It helps to be persistent; they may say no at first, but all ADW NMDVR recipients have had success in the past if they persevered.

If you have limited income, you can apply for a voucher to pay the full cost of your dog through the Assistance Dogs United Campaign (ADUC). Applications are available each year *only* during the months of April and May, and must be received by May 31 for consideration. You must apply directly to ADUC; ADW cannot provide the paperwork for this process. More information can be found at <http://www.assistedogunitedcampaign.org/>

If you would like to find other funding for your dog, ADW can offer suggestions. Some individuals have done fund raising for their fee raising the entire amount and more and others have written for grants. There are many options. The more money ADW receives, the more it helps us place dogs with people. ADW does not require you to do fundraising, but you are responsible for the \$5,000 fee.

ADW has a **limited** amount of scholarship money available each year to offset the cost of an assistance dog. These funds are available **only** to residents of New Mexico. Individuals who live outside, or who are not legal residents, of the state of New Mexico must pay the full \$7,500 fee for service.

To request scholarship funds, you must complete the financial form included in this application. Scholarships are available in amounts up to \$2,500. All individuals must pay at least \$2,500 toward the cost of a dog.

**It is assumed that individuals applying for a scholarship have exhausted all other avenues for funding.**

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**

Revised 1.09

# FINANCIAL INFORMATION

Name of Applicant: \_\_\_\_\_

I understand that I am responsible for at least \$2,500 towards the dog. Yes \_\_\_\_\_ No \_\_\_\_\_

I will find the full funding of \$5,000/\$7,500 out-of-state for my service through DVR, my insurance, grants, fund raising, and/or personal assets; however, I am not required personally to fundraise.

\_\_\_\_\_ **Yes**, I will be responsible for the full \$5,000 / \$7,500 out-of-state  
*If yes, sign below and do **not** complete the rest of the form*

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ **No**, I am unable to pay the full \$5,000 and need to request scholarship money from ADW (New Mexico residents only)

*Please complete the rest of the form*

## ANNUAL INCOME AND EXPENSES

	200_	EST. 200_
1. TOTAL TAXABLE INCOME BEFORE DEDUCTION:		
Salaries and wages: Applicant.....	_____	_____
Spouse.....	_____	_____
Salaries and wages (if living with parent)		
Mother, stepmother, female guardian.....	_____	_____
Father, stepfather, male guardian .....	_____	_____
Dividend and/or interest income.....	_____	_____
Alimony received .....	_____	_____
Net profit/loss from business and/or farm. If loss, use parentheses. ....	_____	_____
Other taxable income. If loss, use parentheses. ....	_____	_____
2. TOTAL NONTAXABLE INCOME		
Untaxed portion of payments to IRA.....	_____	_____
Keogh play payments and self-employed SEP deduction .....	_____	_____
Other IRS allowable adjustments to taxable income .....	_____	_____
Child support received.....	_____	_____
Social Security benefits.....	_____	_____

## RETURN THIS PAGE TO ADW

Other nontaxable income (specify): \_\_\_\_\_

- 3. IRS total itemized deductions from IRS Schedule A..... \_\_\_\_\_
- 4. Total federal income tax paid ..... \_\_\_\_\_  
     Self-employment tax paid ..... \_\_\_\_\_
- 5. Total state and property tax paid..... \_\_\_\_\_
- 6. Total medical and dental expenses not covered by insurance..... \_\_\_\_\_

**ASSETS AND LIABILITIES**

*Enter dollar amounts. Enter a zero (0) if an item does not apply.*

- 1. Home (if owned)
  - Year purchased: \_\_\_\_\_
  - Present Market Value ..... \_\_\_\_\_
  - Total Unpaid Principal on all mortgages and equity Loans..... \_\_\_\_\_
  - Total Annual Payments ..... \_\_\_\_\_
- 2. Other Real Estate
  - Year purchased: \_\_\_\_\_
  - Present Market Value ..... \_\_\_\_\_
  - Total Unpaid Principal on all mortgages and equity Loans..... \_\_\_\_\_
  - Total Annual Payments ..... \_\_\_\_\_
- 3. Total of all interest-bearing checking and savings accounts..... \_\_\_\_\_  
     Other Investments – Net Value..... \_\_\_\_\_
- 4. Indebtedness (excluding mortgages, business, farm, and credit cards)..... \_\_\_\_\_  
     Consumer indebtedness (credit cards) ..... \_\_\_\_\_
- 5. BUSINESS/FARM (complete only if you own a business and/or farm)
  - Percent of ownership ..... \_\_\_\_\_
  - Assets..... \_\_\_\_\_
  - Liabilities..... \_\_\_\_\_

**PLEASE USE THIS SPACE TO EXPLAIN ITEMS AND ANY UNUSUAL CIRCUMSTANCES.  
 IF MORE SPACE IS NEEDED, PLEASE USE ADDITIONAL PAPER.**

**Certification and Authorization of Applicant and Parents (if applicant is Under 18 years of age)**

We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. If asked, we agree to send an official photo copy of our latest income tax return or a signed IRS form 4506 directly.

I understand that it costs approximately \$15,000 to complete the training of an ADW service dog of which \$15,000 is covered by ADW funding and donations so that my Client Placement Training fee is \$5,000 /\$7,500 out-of-state.

**I feel that I can reasonably contribute \$ \_\_\_\_\_ of the \$5,000 fee for a service dog and request an ADW scholarship to cover the remainder. I understand that ADW scholarships are available to residents of New Mexico and are based on need and availability of funds.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**RETURN THIS PAGE TO ADW**

## NOTICE OF PRIVACY PRACTICES

(KEEP FOR YOUR RECORDS)

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper or orally are kept properly confidential. This Act applies to all health care providers, it is intended to standardize health care information as well as ensure privacy and security of patient information. As a result of this act, this business would like to advise you of how we will protect the privacy of your or your child's medical record.

As required by "HIPAA", we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

If you sign a consent form, we may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations

- **Treatment** means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would be disclosure of your Protected Health Information (PHI) to providers outside this business such as your outside case manager, treatment team members, doctors, nurses and other health care providers in connection with your health care treatment.
- **Payment** means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example for this would be telling your health plan about treatment you are going to receive to determine whether your plan will pay for the treatment.
- **Health Care Operations** includes the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis and customer services. For example, we may also disclose PHI to doctors, nurses, therapists, students and other health care personnel for teaching purposes.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

**Legal Authority to make health care decisions for minors or others** Usually, the health information rights described in this Notice may be given to a person with legal authority to make health care decisions for a child or other person (for example, a parent or legal guardian). There are exceptions. For example, in New Mexico some health care services can be provided to a minor without the consent of a parent, guardian or other person. In these cases, the minor has the rights described in this Notice for health information related to the health care service provided.

We may without prior consent use or disclose protected health information to carry out treatment, payment or health care operations in the following circumstances:

- In emergency treatment situations, if we attempt to obtain such consent as soon as reasonably practicable after delivery of such treatment;
- If we attempt to obtain your consent but are unable to do so due to substantial barrier so communicating with you and we determine that in our professional judgment, your consent to receive treatment is clearly inferred from circumstances.

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest of you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to our Privacy Officer or your therapist.

- The right to request restrictions on certain uses and disclosures of PHI including those related to disclosures to family members, close personal friends, or any other person identified by you. We are however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to reasonable requests to receive confidential communication of PHI from us by alternative means or at alternative locations.
- The right to inspect and copy your PHI.
- The right to amend your PHI
- The right to receive an accounting of disclosures of PHI.
- The right to obtain a paper of this notice from us upon request.

### PERMITTED USE OR DISCLOSURE WITH AN OPPORTUNITY FOR YOU TO AGREE OR OBJECT

- **Research** as a professional medically based therapeutic center, we may use and disclose PHI about you for research purposes. We will only use and disclose your information for a research project if we obtain your permission or if the need to obtain your permission has been waived by a designated review committee that meets Federal requirements.



**Return a signed copy of this page to Assistance Dogs of the West**

RECEIPT of PRIVACY PRACTICES

I have received a notice of privacy practices for my records. I understand that information regarding clients is privileged and not shared or distributed to anyone without my signed authorization.

---

Client/Guardian

Date

CLIENT COPY