

Guide Dogs of the Desert
P. O. Box 1692, Palm Springs, CA. 92263
Phone: 760-329-6257 Fax: 760-329-2127
Admissions: 760-329-1282 admissions@gddca.org
www.guidedogsofthedesert.org

APPLICATION FOR GUIDE DOG MOBILITY TRAINING

Mr. Mrs. Miss Ms.

Name _____ Date _____

Address _____

Mailing Address _____

Phone (____) _____ (____) _____ (____) _____
Home Cell Work

Email _____

I do hereby apply to Guide Dogs of the Desert for a guide dog and for special training in the use and care of said dog, with the understanding that I will not be required to pay or promise to pay any amount of money therefore. To assist Guide Dogs of the Desert in determining whether or not I can use and care for a guide dog, I submit the following information:

Date of Birth _____ Age _____ Social Security Number _____

Gender: Male Female Race/Ethnic Origin _____

Name of spouse/life partner _____

Number and ages of children _____, _____

With whom do you reside? _____
(i.e. self, parents, spouse, roommates)

Name of person you reside with _____

Please describe your house or apartment _____

Please describe your neighborhood _____
(i.e. downtown, rural, suburban)

How long have you lived at your present address? <6 months 6-12 months

1-5 yrs. 5 + yrs.

Do you anticipate a move or lifestyle change within the next year? Yes No

If yes, please

explain _____

Do you routinely travel independently? Yes No

Do you consider yourself a confident traveler? Yes No

Current method of travel cane sighted guide guide dog other

Please describe the areas you frequent _____

What obstacles/challenges do you encounter in the areas you frequent? _____

Do you encounter stray or loose dogs, aggressive dogs (restrained or behind fences), small animals (squirrels, rabbits, etc)? _____

Why do you desire a guide dog? _____

Do you have a breed preference? Labrador Retriever Golden Retriever

Standard Poodle Open

If you have a preference, please explain why _____

Have you ever attended a guide dog school? Yes No **attach a separate page if necessary**

Name of School	When?	Did you graduate?	Reason for retirement/return
----------------	-------	-------------------	------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Do you now or have you ever had dogs as pets?

What are the ages, sizes, breeds and personalities of the other dogs you currently have?

Please list any other pet's _____

i.e. cat, rabbit, bird, hamster, guinea pig, ferret, etc.

EDUCATIONAL BACKGROUND

Highest level of education Elementary High School Some College
 College Graduate Post Graduate

Please list any special degrees or training _____

What community organizations or activities relating to blindness are you involved with, if any?

VETERANS

Are you a veteran? Yes No If yes, which branch of service? _____

OCCUPATION

Are you employed? Yes No

Occupation: Before blindness _____
After Blindness _____

Employer _____
Name _____

Address _____ City _____ State _____ Zip Code _____

Supervisors name _____ Phone (____) _____

What are the accommodations for the dog at work? _____

If not employed, what is your present means of support? _____

Income Level: 5,000 - 10,000 a year _____ 30,000 - 40,000 a year _____
10,000 - 20,000 a year _____ 40,000 - or above a year _____
20,000 - 30,000 a year _____

Can you support the cost of a guide dog's food and health care? _____

Why do you want a guide dog? _____

EMERGENCY CONTACT

Please list the name, address and telephone numbers of two family members to contact in case of an emergency.

Name _____ Relationship to applicant _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip Code _____

Name _____ Relationship to applicant _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip Code _____

GENERAL HEALTH

Height _____ Weight _____

Are you legally blind? Yes No In what year did you become legally blind? _____

What is your cause of blindness? _____

Please describe your residual vision _____

Do you have or have you ever had seizures? Yes No

Date of last seizure _____

Do you have diabetes? Yes No **If so, please have your physician complete the diabetic report.**

Are you insulin dependent? Yes No

What diet do you follow? _____ Strict Casual

Please list your dietary needs _____

Please list any surgeries _____

Do you now or have you ever had a substance abuse problem? Yes No

If yes, please explain _____

Please describe your rehabilitation program (list program attended, location and dates)

Comments:

Do you suffer from any of the following? (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> coordination | <input type="checkbox"/> balance problems | <input type="checkbox"/> depression |
| <input type="checkbox"/> spasticity | <input type="checkbox"/> limited mobility | <input type="checkbox"/> heightened emotions |
| <input type="checkbox"/> reduced stamina | <input type="checkbox"/> muscular weakness | <input type="checkbox"/> heat/cold sensitivity |
| <input type="checkbox"/> brittle bones | <input type="checkbox"/> paralysis | <input type="checkbox"/> skin sensitivity |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> frequent headaches | <input type="checkbox"/> deafness |
| <input type="checkbox"/> speech impairment | <input type="checkbox"/> memory loss | <input type="checkbox"/> hearing loss |
| <input type="checkbox"/> allergies (please list) _____ | | |

other _____

Do you use any of the following? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Assistance Dog | <input type="checkbox"/> Sighted guide | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Low vision aids | <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Leg brace |
| <input type="checkbox"/> Wrist braces | <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Crutch |
| <input type="checkbox"/> Support cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Manual wheelchair |

Other

Comments:

PERSONAL AND PROFESSIONAL REFERENCES

Incomplete information will greatly delay the processing of your application.

Please list the names and contact information of three personal references.

1) _____
Name Home Phone Work Phone

Address

City State Zip Code

Email Address

2) _____
Name Home Phone Work Phone

Address

City State Zip Code

Email Address

3) _____
Name Home Phone Work Phone

Address

City State Zip Code

Email Address

Please list the name and contact information of your **Orientation and Mobility Instructor**

Name	Home Phone	Work Phone
------	------------	------------

Address

City	State	Zip Code
------	-------	----------

Email Address

Please list the name and contact information of your **Blind Services or Rehabilitation Counselor**

Name	Home Phone	Work Phone
------	------------	------------

Address

City	State	Zip Code
------	-------	----------

Email Address

What was the date of your last Orientation and Mobility instruction?

Have you ever had any blindfold training? Yes No Would you consider it? Yes No

Did you attend an Orientation and Mobility program that offers Independent Living skills training? Yes No

Was it an in-residence program? Yes No If yes, please give location _____

How did you learn about Guide Dogs of the Desert?

GDD Graduate

Graduate's Name

Lion's Club

Name and Location of Club

Convention or Conference

Name and Location of Conference

O & M Instructor

Name of Instructor

Other

Please Explain

REASON FOR CHOOSING G.D.D.

Name of person who assisted in completing this form

Name

Phone Number

Address

City

State

Zip Code

I certify that the above information is true and correct.

Applicant's Signature

Date

Assistant's Signature

Date

Please note: By signing and submitting this application your name will be added to the GDD mailing list, please indicate to us if you DO NOT want to be added to this list; GDD will not sell or share your mailing information with any third parties. All medical information contained in this document is confidential and will only be shared with those that you have given us authorization to share this information with as stated on the Information Release Form.

Please Enclose a Photograph

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INFORMATION RELEASE FORM

I, _____, hereby give my consent and authorization to release information from the physicians, agencies and guide dog schools listed in my application, for the purposes of determining eligibility for a guide dog training program, to assist in providing appropriate medical attention, and for any other legal purpose deemed necessary by Guide Dogs of the Desert.

Applicant Signature

Date

Please print name

A copy of this form will be sent to each physician, agency, and guide dog school.

PHYSICIAN'S REPORT

Applicant: This form must be completed by your primary physician upon an examination.

Physician: Your patient has applied for a guide dog to enhance his/her mobility and independence. When completing this form, please keep in mind that the applicant will undergo rigorous training, both physical and mental. They will spend 28 days training and will be expected to walk a minimum of ½ hour twice daily in all types of terrain, with their guide dog, regardless of weather conditions. Your information will help us provide your patient with the training and instruction most suited to their needs. The Ophthalmologist's report and verification of blindness is a separate form. Thank you for your assistance.

Applicant's Name: _____ Date of birth: _____

Address: _____

Telephone: _____ Medical/Clinic ID _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____ Respirations: _____

How long have you attended the applicant? First visit _____; # of years _____

Date of last tetanus immunization: _____

Is applicant legally blind? Yes No **Cause of blindness:** _____

Does the applicant have any of the following medical problems? (please answer yes or no)

- | | | |
|----------------------------|----------------------------|---------------------------|
| Arthritis _____ | Allergies _____ | Asthma _____ |
| Cancer _____ | Circulatory Problems _____ | Back Problems _____ |
| Amputations _____ | Addictions _____ | High Blood Pressure _____ |
| Seizures _____ | Heart Disorder _____ | Knee/Hip _____ |
| Psychiatric Problems _____ | Epilepsy _____ | Intestinal Problems _____ |
| Ulcers _____ | Headaches _____ | Foot Trouble _____ |
| Infectious Diseases _____ | Fainting _____ | Neuropathy _____ |
| Dexterity Problems _____ | Nervousness _____ | Speech Impairments _____ |

If yes, please explain

Please list any surgeries

Does the applicant have a hearing problem? _____ **Which ear?** **Left** **Right** **Both**

Does applicant wear hearing aides? _____ Is hearing within normal range with aides? _____

Does applicant have a learning disorder? _____

Does applicant have any impairments of the use of either leg/foot? _____ **Hand/arm** _____

Does applicant have any limitations? Please explain

Is applicant diabetic? _____ **If yes, please complete diabetic report.**

- **Is applicant stable enough to undergo the rigors of training away from home for 28 days?** _____

Date of exam on which report is based: _____

Physician's signature

Date

Doctor's name: _____

Please print

HOSPITAL/CLINIC STAMP

Telephone: _____

DIABETIC REPORT

Physician and applicant: Guide Dogs of the Desert does not have a nurse on staff. Applicant must be capable of administering his/her own injections and must be responsible for maintaining an appropriate lifestyle. Diabetic meals are available. Our protocol is to call 911, should the applicant need assistance.

Applicant's name: _____

Is Applicant: Type I Type II Stable Brittle

Last Insulin reaction: _____

please describe: _____

Are Insulin reactions frequent?

Are Insulin reactions severe?

What can be offered in the event of a reaction?

Date of last hospitalization due to: Hypoglycemia _____ Hyperglycemia _____

Diet: _____

Oral Medication: _____ Daily Dosage _____

Insulin Name: _____ Daily Dosage _____

Does Applicant utilize an Insulin pump? Yes No

If yes please list any special instructions

Can Applicant self-administer Insulin? _____ Can Applicant adjust his/her own Insulin? _____

Please indicate any special instructions or suggestions

I understand the protocol of Guide Dogs of the Desert and certify that the above information is true and correct.

Physician's Signature

please print name

Date _____

Applicant's Signature

please print name

Date _____

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MEDICATION AND HEALTH INSURANCE INFORMATION

Physician and Applicant: Please list all medications, strength, dosage, and reason for use. Also, please indicate any side effects that may affect the applicant during their time in training. Applicant is responsible for administering his/her own medication. Please ensure applicant has enough medication for the entire 28-day class.

Applicant's name _____ **Date** _____

<u>Medication</u>	<u>Strength</u>	<u>Dosage</u>	<u>Reason</u>	<u>Side Effects</u>

Health Insurance Information

Policy number: _____

Policyholder's name: _____

Insurance Company: _____

Telephone number: _____

OPHTHALMOLOGIST/OPTOMETRIST REPORT

Applicant: This form must be completed by your Ophthalmologist or Optometrist.

Physician: Your patient has applied for a guide dog to enhance his/her mobility and independence. Although our school is located in a windy, desert environment, we do travel to many different locations within Southern California. Your information will help us provide your patient with the training and instruction most suited to their needs. Thank you for your assistance.

Applicant's name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____ Height: _____ Weight: _____

Details of Blindness: Is Applicant legally blind? Yes No Date of last examination: _____

Cause of vision loss:	Primary	Secondary
OD	_____	_____
OS	_____	_____

Is Applicant's vision loss considered to be:

Progressive _____ Stable _____ Likely to improve _____ Uncertain _____

In what year did blindness occur? _____ How long have you attended this patient? _____

Visual Acuity

With correction: OD _____ OS _____ OU _____

Uncorrected: OD _____ OS _____ OU _____

Visual Fields

Central: OD _____ OS _____ OU _____

Peripheral: OD _____ OS _____ OU _____

Please describe residual vision:

No light perception Some Light perception Gross movement Count fingers Read with lens

OD

OS

Please list any ocular medications:

Comments:

Date of exam on which report is based: _____

Physician's Signature

Doctor's name: _____

Please print

Telephone: _(_____)_____

Hospital/Clinic Stamp

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VIDEO INTERVIEW

We prefer to conduct in-home interviews to help us determine your eligibility for our program.

However, if you live some distance from the school we ask that you submit a video. The video should consist of a demonstration of your orientation and mobility skills, using a cane independently, as well as answering the questions listed below. Please limit the time to twenty minutes.

- Your gait and what speed you travel. Please note any balance problems or neuropathy. If you still have a guide dog that you are planning to retire, you may include some work with your present guide.
- Video of you walking in your home area and in business or shopping areas that you may be working your dog.
- Please show what requirements a dog would have to work under. For example, are there sidewalks; what type of traffic signal controls will you work; are there many loose or stray dogs and cats in your neighborhood; how busy are the streets; what type of environment surrounds your place of work.
- Be sure you include crossing different kinds of intersections that you might encounter. Show your ability to read traffic and cross streets independently.

You will need someone to interview you to answer the following questions and your answers need to be recorded on the video.

1. What is your cause of blindness and what is your estimated degree of sight?
Please be as specific as possible. Please describe your residual vision in different lighting, i.e. nighttime or bright lights.
2. Have you ever had a guide dog or attended a guide dog school? If so, what school?
3. Why do you desire a guide dog?
4. Do you have any physical limitations?
5. Are you on any medications? Insulin?
6. We do not have a nurse on staff. Are you able to administer your own medications/Insulin?
7. Do you smoke? We do not allow smoking in the dorm. Smoking is permitted outside and in the designated area only.
8. Please describe your home conditions. (i.e. house, mobile home, apartment)
9. Who else lives in your home?
10. What are their feelings about you having a guide dog?
11. Are there any other pets?
12. Where do you intend to relieve your dog?
13. Describe the types of areas where your dog will be working? Be sure to include any unusual areas that you frequent such as bowling alleys.
14. Are you employed? If so, what is your employer's attitude toward your having a guide dog at the work place?
15. Guide Dogs of the Desert use Labrador Retrievers, Golden Retrievers, Lab/Golden crosses, Standard Poodle and Labradoodles (Lab/Poodle crosses).
Do you have a breed preference?
If so, why?
Are you open to the other breeds?
16. Both the males and females are neutered and make equally good guides.

Do you have a gender preference or are you open to either gender?

Please explain your reasons if you have a gender preference.

17. Describe your idea of the perfect guide dog for you.
18. What personality do you think will fit you best? Why?

Should you require assistance with your video, please contact us. Often your local high school, college or Lions Club organization can offer assistance as well. If you have any questions regarding the video requirements, please do not hesitate to contact us at (760) 329-1282. Thank you for your Interest in Guide Dogs of the Desert.

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CLASS OVERVIEW

While many of the activities listed below are an integral part of our twenty-eight day curriculum, they should not be taken as complete or mandatory. Activities and instruction may vary from class to class depending on the individual needs of the student. By customizing the instruction, Guide Dogs of the Desert is able to address the individual working abilities and requirements of the team.

Class begins with three days of JUNO instruction. JUNO is an imaginary dog portrayed by an instructor using various pieces of equipment. When learning obedience, JUNO is a carpet-clad PVC pip, who can be very good or creative depending on the material being taught. During guide work, JUNO is an empty harness held by the instructor. The purpose of JUNO is to evaluate the student's gait, stride, pace, and handling capabilities.

At the end of the third day, if all has gone well, you will be presented with your new guide. This is a happy and emotional time at Guide Dogs of the Desert and is known as "Dog Day". The remainder of this day is spent feeding and relieving your dog for the first time and laying the foundation for a bond, which we hope will grow over time.

The following day, the real work begins. Starting with simple routes in a small quiet town, the training daily and weekly escalates to more challenging situations. Working six days a week, some of the concepts covered during this period will include working with traffic, sidewalk-less neighborhoods, platforms, buildings, escalators, elevators, and many other areas. The culmination of the training is an overnight trip to Phoenix that includes a flight on an airplane.

The student's stay at our campus concludes with a Graduation ceremony on the final Sunday of class. There is a private luncheon for the you, the graduate, the puppy raiser and the sponsor of your guide dog. This is another emotional day during which the dogs are reunited with their Puppy Raisers and financial sponsors meet the new teams. This is also an opportunity for the Graduates to express any feelings they may have about their new Guides, recent experiences and plans for the future.