

Southeastern Guide Dogs  
4210 77<sup>th</sup> Street E  
Palmetto, FL 34221

# Application for Guide Dog and Training

## **Welcome**

It is my pleasure to send to you the requested application and general information about Southeastern Guide Dogs, Inc.

Once your application process has been completed, you will be contacted by phone as to your status, eligibility, and potential class date.

If you have any questions regarding the application process, feel free to contact me directly at (800) 944-3647 extension 117.

Sincerely,

Susan Wilburn  
Admissions & Student Services Manager  
Southeastern Guide Dogs, Inc.

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## About our Admissions Process

Southeastern Guide Dogs is committed to providing you with exceptional customer service as you navigate our application process. The information below will provide you with a clear understanding of our application process and provide you with a checklist of the items that we will need to expedite your acceptance into our program.

### 1. Eligibility

- You must be legally blind
- You must be at least 18 years of age; there is no upper age limit
- You must reside within the 48 contiguous United States
- You must have completed formal Orientation & Mobility training, and be able to demonstrate your ability to travel and live independently
- You must have a legitimate need for assistance with traveling independently; a desire to increase and enhance your mobility and independence; and a realistic plan for use of a guide dog
- You must be in good physical health; have sufficient strength, flexibility, and coordination to handle a guide dog; and be able to walk several blocks at a time\*
- You must have the ability to learn dog training concepts, and apply them consistently, and have the cognitive abilities to work with and handle a guide dog appropriately
- You must have the ability to financially cover the expenses associated with the maintenance and care of a guide dog including food, monthly preventatives, and veterinary expenses (approximately \$900-\$1,200 annually)
- You must be able to provide a safe, loving, and healthy home for a guide dog. Your home must have no more than two other dogs
- Your travel routes must be safe for a guide dog team
- You must have no felony convictions

*\*Exceptions are made for those that travel in a motorized wheelchair*

### 2. Application

The applicant must complete the enclosed forms:

- Guide Dog Application
- Consent Form
- List of Providers Form
- Personal References Form
- Release of Indemnification Form

Additional materials which *may* be required are:

- Official psychiatric or behavioral referral
- Official social work referral

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In addition to the completion of the enclosed forms, all applicants must:

- Undergo a pre-admission phone interview with Southeastern Guide Dogs' Admission Manager
- Successfully complete a criminal background check (applicants who have been convicted of a felony will not qualify for our services)
- Undergo a pre-admission home evaluation to be conducted by a Southeastern Guide Dogs staff member

### 3. Acceptance

Upon receipt of the fully completed application and the in-home interview, this information will then be evaluated by a three-person Admission Committee comprised of our Admissions Manager, our Director of Training and one additional training department member. Once the committee has formally accepted the applicant to the program, the applicant will be contacted by the Admissions Manager to discuss potential class opportunities.

Please note that the application process can take up to 2 months and there is a wait list. In the meantime, if you experience a change in **any** contact information, please advise the school as soon as possible so that we may keep your information current. You may make changes to your contact information either by email to [Susan.Wilburn@guidedogs.org](mailto:Susan.Wilburn@guidedogs.org) or call (800) 944-3647 extension 117.

### 4. Training Time

First-time applicants are scheduled for a twenty-six (26) day training course at our Palmetto, Florida facility.

Students who have experience with guide dog handling will be scheduled for a minimum of eighteen days of training provided that the student has at least five years handling experience.

Our classes begin on Mondays. Students reside in comfortable, single-occupancy rooms. Class sizes vary with a maximum student to trainer ratio of three to one.

### 5. Costs

Southeastern Guide Dogs provides its dogs and training to students free of charge. The school will provide your dog, equipment, training, housing and meals during your stay.

Once graduated from Southeastern Guide Dogs, the maintenance of your guide dog and all associated medical expenses become your responsibility.

### 6. Transportation

The applicant, once accepted, is responsible for travel costs to and from the school.

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## Guide Dog Application

Please complete the following application in its entirety and as legibly as possible. If necessary, you may have someone complete the form for you, but we require that your personal signature be on several of the forms.

Information collected is strictly confidential and is used *only* for the purposes of identifying the most qualified dog for your particular needs.

It is imperative that the application be completed thoroughly.

### Contact Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Cell: (     ) \_\_\_\_\_

Work: (     ) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact:  Large Print (18pt font)  Large Print (36pt font)  E-Mail  
 CD  Braille

### Emergency Contact

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

Relationship: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Alt. Phone: (     ) \_\_\_\_\_

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### Applicant Information

Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_ Sex:  Male  Female

Height \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight: \_\_\_\_\_ lbs

Marital Status:  Married  Domestic Partnership  Divorced  Single

Spouse's/Partner's full name:

### Children:

- I have no children.
- I have children whose information I have provided below:

Name	Does this child reside with you?	If they do NOT reside with you, please provide their phone number
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	( _____ )
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	( _____ )
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	( _____ )
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	( _____ )
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	( _____ )

Have you ever served in the military?  Yes  No

If so, what branch?:

Have you ever been convicted of a felony?  Yes  No

### Education:

- Some High School
- High School
- Some College
- Associates Degree
- Bachelors Degree
- Masters Degree
- Doctorate
- Other

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<b>Employment Information</b>
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation: _____

<b>Living Arrangements and Travel Expectations</b>	
How would you describe the area in which you live?	<input type="checkbox"/> City <input type="checkbox"/> Country
Do you have sidewalks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited
Do you have pets in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How would you describe your dwelling?	<input type="checkbox"/> Own Home <input type="checkbox"/> Apartment <input type="checkbox"/> Dormitory <input type="checkbox"/> Other
With whom do you reside?	<input type="checkbox"/> w/ Spouse/Partner <input type="checkbox"/> w/Relatives <input type="checkbox"/> w/ Roommates <input type="checkbox"/> I live alone

<b>Vision and Medical Information</b>	
1. Date of Onset:	<input type="checkbox"/> Birth <input type="checkbox"/> Juvenile <input type="checkbox"/> Adolescent <input type="checkbox"/> Adult
2. What is the cause of blindness?	<input type="checkbox"/> Cataracts <input type="checkbox"/> Congenital Birth Defect <input type="checkbox"/> Diabetic Retinopathy <input type="checkbox"/> Glaucoma <input type="checkbox"/> Macular Degeneration <input type="checkbox"/> Retinitis Pigmentosa <input type="checkbox"/> Trauma (i.e. Auto Accident, Gun Shot, etc.) <input type="checkbox"/> Other:



# Application for Guide Dog and Training

## Guide Dog History and Preferences

Why do you want a guide dog?

Have you ever had a guide dog before?  Yes  No

If "Yes", from what school did you receive your previous guide?

Have you applied to any other Guide Dog School?  Yes  No

If "yes", please provide the name of the school you have applied to:

Were you accepted or denied services?  Accepted  Denied  
 My application is pending

If accepted to Southeastern Guide Dogs, how much notice do you need to participate in a class?  
 Less than 48 hours  
 1 week  
 2 weeks  
 1 month

I understand that Southeastern Guide Dogs, Inc. will need further information and medical reports before I can be accepted for training. All of the information in this application is truthful and factual.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

# Application for Guide Dog and Training

## List of Providers

In order to serve you better with a guide dog, we request the names and addresses of the following individuals. We will be contacting each provider listed below to gain the best possible understanding of the environment in which you live and work and to establish your needs as a guide dog user. Please print or type the names and complete addresses of the providers requested.

<b>General Practitioner</b>				
Name:				
Phone:	(       )			
Address:				
City:		ST:		Zip:
<b>Blind Services or Commission Counselor</b>				
Name:				
Phone:	(       )			
Address:				
City:		ST:		Zip:
<b>Orientation &amp; Mobility Instructor</b>				
Name:				
Phone:	(       )			
Address:				
City:		ST:		Zip:
<b>Employer</b>				
Name:				
Supervisor:				
Phone:	(       )			
Address:				
City:		ST:		Zip:
<b>Optometrist or Ophthalmologist</b>				
Name:				
Phone:	(       )			
Address:				
City:		ST:		Zip:

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## List of References

In order to serve you better with a guide dog, we request the names and addresses of three individuals ***not related to you***. We will be contacting each reference listed below to gain the best possible understanding of the environment in which you live and work and to establish your needs as a guide dog user. Please print or type the names and complete addresses of the providers requested.

<b>Reference #1</b>					
Name:					
Phone:	(       )				
Address:					
City:		ST:		Zip:	

<b>Reference #2</b>					
Name:					
Phone:	(       )				
Address:					
City:		ST:		Zip:	

<b>Reference #3</b>					
Name:					
Phone:	(       )				
Address:					
City:		ST:		Zip:	

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## Consent Form

Consent is granted to Southeastern Guide Dogs, Inc. to assist in determining if I, \_\_\_\_\_ would be eligible for training with Southeastern Guide Dogs, Inc. With this understanding in mind, I hereby give my consent and authorization, without reservation, to the keeper of my medical, educational, vocational, personal references and/or employment records to provide and deliver copies thereof to Southeastern Guide Dogs, Inc. upon written request.

I further authorize Southeastern Guide Dogs, Inc., in a medical emergency or with a signed release from myself, to release, transmit and/or otherwise disseminate any and all such records and information to all persons who may request such information. I agree to hold Southeastern Guide Dogs, Inc. harmless from any and all claims of any kind of nature that may accrue or attach as a result of sharing such information with any third party.

This authorization shall become effective immediately and shall remain in effect for a three-year period after the date it has been signed.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

