



4210 77th Street East
Palmetto, Florida 34221
Telephone: (941) 729-5665
Fax: (941) 729-6646
www.guidedogs.org

GUIDE DOG APPLICATION

Who is eligible to receive a guide dog: Any individual who is legally blind, and desires to achieve independent travel through the use of a guide dog. You must meet the criteria outlined below to receive a Southeastern Guide Dog. The guide dog applicant must be at least 16 years of age to apply, and must be 17 years of age to be accepted for residential dormitory training at our facility, mentally stable, in good health, physically able to walk several miles each day, and must accept the responsibility for care and maintenance of the guide dog after graduation. Southeastern also prides itself on the development of a Special Needs Program. Further information on the Special Needs Program is covered on Page 2 of the Application Packet.

Applicant's Costs: The guide dog, training, equipment, and room and board while training are free of charge. After graduation, maintenance of the guide dog becomes the responsibility of the graduate. The annual cost is approximately \$700–\$800.

Transportation to the facility: The applicant, once accepted for class, is responsible for the travel cost to the school and for the return trip home upon completion of training.

Completing the application: The application consists of the following items:

The first 2 pages contain general information about the application process.

Pages 3 & 4 are the Application Form, which ask some general questions.

Page 5 is the Release of Information Form that requires your signature.

Pages 6 & 7 are the Release and Indemnification Form (R&I) that requires your signature and requires a notary signature. Page 7 R&I is for use by those applicants that require a guardian to sign.

Page 8 is a Listing of References, requesting personal, schooling and employment references.

Pages 9–14 are the Medical Report. These must be completed and signed by your physician.

Pages 15–16 are the Ophthalmology Medical Report that must be completed and signed by your Ophthalmologist.

All information provided to Southeastern is kept confidential. The information you provide to our organization is used only for the purpose of providing you with the best services to fit your particular needs.

Southeastern requires that all parts of the application be completed. If a section does not apply to you, please mark it with N/A. For the two-page application and the personal reference form you may type your responses on blank paper, or you may provide your answers through e-mail or on computer disk. If providing an attached document or computer disk, please send the file as a text file. You can also ask someone to complete the forms for you, but we do ask that they either use a typewriter or print legibly.

In order for the application to be processed, Southeastern must receive both your physician's signature and your ophthalmologist's signature on the appropriate medical reports. Your signature is required on the application form (page 4), the release of information form, and release and indemnification form (this form must be signed and stamped by a notary).

Your application will receive prompt, fair and individual consideration. We do ask of your patience as the evaluation process does take a considerable amount of time. If you have a change of address during the application process, please notify our Admissions Department so that they can make the appropriate changes.

Page 2 – General Application Information

While your application is in process you may receive a phone call from a Southeastern representative who may ask to set up an appointment for a home visitation. This visitation will allow a Southeastern representative to observe your orientation and mobility skills and make an assessment of the environment in which your guide dog will live and work. In addition, this time allows you to learn more about our program and discuss the responsibility involved in owning and working a Southeastern Guide Dog.

If our Admissions Department requires additional information and we are not able to schedule a home visitation they may request that you send a 10-minute videotape of the working routes that you travel on a regular basis. If asked to provide a videotape, please keep the following in mind:

- Please limit the tape to no more than 10 minutes in length.
 - You should be filmed traveling a route independently, without the aid of a sighted guide.
 - The person filming you should provide shots from the front, back, and side angles.
 - Keep in mind that the purpose of the film is to provide us with the idea of traffic situations, obstacles, overhangs, etc. that you may encounter on a day-to-day basis.
 - If you use any special equipment (example: wheelchair), please include it in the filming.
- Please note: If you are accepted for class, videotapes will be kept on file and cannot be returned. If your application is denied your videotape will be returned.

Special Needs Program: An individual who is legally blind and has one of more of the conditions listed below may be considered for our "Special Needs Program."

- | | | |
|----------------------------|---------------------|------------------------------------|
| a. Hearing impaired | b. Amputee | c. Wheelchair (electric or manual) |
| d. Severe medical problems | e. Senior (age 70+) | f. Youth (age 15 or 16) |
| g. Balance difficulties | h. Language barrier | |

Each "Special Needs" applicant will be evaluated individually. If you are accepted for this program Southeastern may make the decision to provide training in your home area or at our facility in Palmetto, Florida. The special needs applicant needs to be aware that oftentimes there is an extended waiting period for this program.

Southeastern does welcome you to contact our Admissions Department with any questions you may have about the application process.

Acceptance of your application: When your application is accepted you will be scheduled in one of our upcoming classes. Our Admissions Department will mail you a written notice and ask you to return a class acceptance form or we may contact you via telephone for confirmation. If for some reason Southeastern Guide Dogs is unable to accept your application, you will receive written notification of our decision.

Class Information: An individual who will be receiving their first guide dog will be required to attend the entire training session of 26 days. If the applicant has been successfully working with a guide dog for at least five years, they may only be required to attend an 18-day training session.

Each class begins on a Monday. Students will use this day to meet their trainers and become oriented with the dormitory and grounds. Students reside in a comfortable dormitory. There will be 8–10 students per class. An instructor or house parent will be staying on grounds when class is in session. With your class acceptance packet Southeastern will provide detailed information on what clothing to bring, telephone availability, computer access, laundry, mail, shopping, visiting hours, leisure time, your daily class schedule and various other topics.

How to Reach Us: Our Admissions staff is available to answer any questions you may have about applying for a Southeastern Guide Dog. We can be reached at 941-729-5665 or you may e-mail us at info@guidedogs.org or write to: 4210 77th St E., Palmetto, FL 34221.



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Please type or print legibly

1. I, _____ wish to apply to Southeastern Guide Dogs, Inc. for special Instructions in working with a guide dog.

2. Present Address: _____
(Number, Street and Apt or PO Box)

(City) (State) (Zip) (County)

Home Phone: _____ Email Address: _____

Work Phone: _____ Cell Phone: _____

3. Emergency # of a relative or friend: _____
(Individual's name) (Relationship to self)

Home Phone: _____ Work: _____

4. Date of Birth: _____ Gender _____ Height: _____ Weight: _____

5. Marital Status: _____ Spouse's full name: _____

6. Do you have children? Indicate answer by check the correct block: Yes No

***Please list their full names, ages and if they live at home answer yes in the last block. Attach additional sheet if needed.

(Full Name) (Age) (Home Yes or No)

7. Present living arrangements: Do you live in the city or county? Please check the appropriate block

city country

Do you own your home or rent your home? Please check the appropriate block

own rent

Do you live in the following, please check the appropriate block.

an apartment dormitory other _____

Do you live with the following, please check the appropriate block.

a spouse with relatives alone with others (list): _____

8. Have you had a guide dog before? (please check one answer): Yes No

If you answer yes, please list the name of the guide dog school from whom you received your guide dog:

9. From what agency serving blind individuals have you received services?

10. Are you currently attending college? Yes No

Or planning on attending college? Yes No

11. Are you currently employed? Check the appropriate block: Yes No

If you answer yes, please provide the name of your employer in the following block:

_____ Your occupation is: _____

12. General Health: _____ Any other physical problems? _____

13. Medical Insurance coverage, company and policy number: _____

14. How did you hear about Southeastern Guide Dogs, Inc.?

15. Which format would you prefer to receive future correspondences? You may chose up to three formats. Please rate using #1 as the most preferred format and #2 and #3 as alternate formats:

Print _____ Large Print (20 Pitch) _____ Computer Disk/Text Files _____

Email Text Files _____ Cassette Tape _____ Braille _____

16. If you are accepted for training with a guide dog, please check how much notice you would require for acceptance of a class A Month 2 Weeks 1 week 24 hours

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

(Date Signed)

(Signature of Applicant)



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On this date: _____
(Date of Signature)

I, _____
(Signature of Applicant) (Print Name Legible)

who resides at:

(Street Address plus Apt, City State and Zip Code)

consent and authorize you to honor Southeastern Guide Dogs, Inc.'s request for any medical and social information which you may have that is based upon your knowledge of me.

This information is part of the necessary data to support my application for a guide dog and training. It will enable Southeastern Guide Dogs, Inc., to understand my situation better and help them evaluate my eligibility for their services.

Thank you.



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For and in consideration of Southeastern Guide Dogs, Inc. (hereinafter referred to as "Guide Dogs"), having agreed to provide to the undersigned (APPLICANT) the use and completion and training, for an indefinite period, of a guide dog without any cost to the undersigned, the Applicant, his/her heirs and personal representatives, by these presents, does:

Release and discharge Guide Dogs, its successors, assigns, employees, officers, directors and volunteers, and each of them, from any and all liability for claims and demands arising from any and all damages resulting from any injuries, personal or otherwise, and from all manner, causes of actions, suits, debts, demands, claims of any kind or character and description whatsoever, which the Applicant, his/her heirs, personal representatives or assigns might have had, might now have or might in the future have or claim to have against Guide Dogs, arising from the use of said guide dog or instructions furnished by Guide Dogs, including, but not limited to, any damages or injuries which said guide dog may cause to happen, or events which may occur as a result of any and all acts of said guide dog. The Applicant further agrees to indemnify and hold harmless Guide Dogs from any and all claims of any kind raised or held by others arising out of actions of the Applicant or said guide dog.

The Applicant understands that the temperament and/or work habits of a dog may change from time to time, that such changes are not foreseeable and that changes may be affected in part by or come about as a result of the undersigned's treatment of said dog.

The Applicant states that this agreement has been read and explained to the undersigned in full, and the undersigned is in full agreement with same.

Dated this _____ day of _____, 200____.

Witnesses:

(Recipient/Applicant/Student Signature)

(Recipient/Applicant/Student Printed Name:)

(Notary for Applicant)

STATE OF _____ COUNTY OF _____

The foregoing instrument was subscribed and sworn to before me this _____ day of _____, 20____,

by _____

- Who is personally know to me,
- who produced _____ as identification, and who acknowledged before me that _he executed the same freely and voluntarily for the purposes therein expressed.

My Commission Expires:

Signature

Print Name:

Notary Public – State of _____

Commission No. _____



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Release and discharge Guide Dogs, its successors, assigns, employees, officers, directors and volunteers, and each of them, from any and all liability for claims and demands arising from any and all damages resulting from any injuries, personal or otherwise, and from all manner, causes of actions, suits, debts, demands, claims of any kind or character and description whatsoever, which the Applicant, his/her heirs, personal representatives or assigns might have had, might now have or might in the future have or claim to have against Guide Dogs, arising from the use of said guide dog or instructions furnished by Guide Dogs, including, but not limited to, any damages or injuries which said guide dog may cause to happen, or events which may occur as a result of any and all acts of said guide dog. The Applicant further agrees to indemnify and hold harmless Guide Dogs from any and all claims of any kind raised or held by others arising out of actions of the Applicant or said guide dog.

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(Recipient/Applicant/Student Printed Name:)

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by _____

- Who is personally know to me,
- who produced _____ as identification, and who acknowledged before me that _he executed the same freely and voluntarily for the purposes therein expressed.

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Signature

Print Name:

Notary Public – State of _____

Commission No. _____



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Dear Applicant:

In order to service you better with a guide dog and to assist us in understanding your needs as a future guide dog user, we request the following information. We will be contacting your references in order for us to gain a better idea of the environment in which you live and work. Please, print legibly or type the names and addresses of your references, it is most important that we have a complete mailing address including the postal zip code and apartment numbers.

Blind Service or Commission Counselor: (Name) _____

Phone: _____ Address: _____

Orientation & Mobility Instructor: (Name) _____

Phone: _____ Address: _____

If employed, Place of Employment & Supervisor: (Supervisor): _____

Phone: _____ Place of Employment: _____

Address: _____

If attending college or planning to attend college: (Name of guidance counselor) _____

Phone: _____ Name of school/address: _____

Name & addresses and phone number of three (3) non-relative friends:

1.) _____ Phone: _____

2.) _____ Phone: _____

3.) _____ Phone: _____



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NOTE: This section (pages 9–14) must be completed and signed by your physician.

Dear Physician: Your patient has applied for a guide dog and special instruction in its use. Our twenty-six-day course is rigorous and takes place regardless of the weather or temperature. We would appreciate your completion of this form with the above in mind. This information will allow us to provide your patient with the best dog and training available. Thank you for your cooperation.

Name of Patient: _____ Date of Birth: _____

Address: _____
(Street, City, State, Zip Code)

Telephone: _____ Height: _____ Weight: _____ Blood Pressure: _____

Pulse: _____ Respiration: _____ Date of Last Tetanus immunization _____

How long have you attended this patient? First visit _____ # of Years: _____

PHYSICIAN TO COMPLETE:

| | |
|--|-------------|
| Date of exam on which this report is based: _____ | |
| _____ | Date: _____ |
| Physician's Signature (Required Item) | |
| Doctor's Specialty: _____ | |
| Please type or print: Physician's Name: _____ | |
| Address: _____ | |
| City, State, and Zip: _____ | |
| Phone: (_____) _____ | |
| Fax: (_____) _____ | |
| OR USE STAMP (Please include complete phone number): | |
| | |

Page 10 – General Medical Report (to be completed by physician)

(Please check appropriate answer) Does the applicant now have or have they ever had any of the following?

Please list date symptoms appeared. If you answer yes to first 4 items marked with an asterisk (*), please complete detail information on page 11. If you answer yes to the remaining questions, please add an additional sheet and list details as needed including date.

| | Yes | No | Date DX |
|--|-----|----|---------|
| 1. Impaired Hearing ** | | | |
| 2. Allergies to Foods, Medications, Hay Fever ** | | | |
| 3. Venereal Diseases ** | | | |
| 4. Amputations (specify appendage affected) ** | | | |
| 5. Diabetic — (MARK YES BLOCK AND COMPLETE PAGE 12)** | | | |
| 6. Addictions, drug, alcohol | | | |
| 7. Asthma/COPD | | | |
| 8. Cancer | | | |
| 9. Convulsive Seizures, Fainting or Dizziness | | | |
| 10. Heart Disorder | | | |
| 11. Hypertension | | | |
| 12. Stroke | | | |
| 13. Kidney or Urinary Disorders | | | |
| 14. Knee/Hip Replacement Surgery or Orthopedic Disorder/Disability | | | |
| 15. Neurological or Emotional Disorders | | | |
| 16. Other Physical Disorder | | | |
| 17. Arthritis, etc | | | |
| 18. Backache | | | |
| 19. Circulatory Problems | | | |
| 20. Evidence of Rheumatism | | | |
| 21. Psychiatric Treatment or Counseling | | | |
| 22. Serious Injury(ies) | | | |
| 23. Speech Infliction | | | |
| 24. Tuberculosis | | | |

Please Print Legibly or Type – Thank You

1. Impaired Hearing: Abnormal Is patient deaf? Yes No

Does patient wear hearing aids? Yes No

If yes, which ears are affected? Left Right

2. Allergies to Food, Medications, Hay Fever: (If allergic to medication, please list and explain reaction)

3. Venereal Diseases: Please list disease.

4. Amputations: Please list appendage affected by amputation.

Right Hand Complete

Left Hand Complete

Right fingers (list which are affected) _____

Left fingers (list which are affected) _____

Right Leg

Left Leg

Right toes (list which are affected) _____

Left toes (list which are affected) _____

Other (please explain) _____

Applicant's Surgical History: (Please list) _____

In your opinion, will the patient be able to undergo the necessary training in learning to work with a guide dog?

Yes

No (if you answer no, please explain why): _____

If accepted for a guide dog and training, the applicant will be required, as part of his/her month-long training course, to walk with his/her guide dog for distances of up to one mile, twice daily over various types of terrain regardless of weather. With regard to any condition(s) that you have identified, do you suggest any limitations, modifications or precautions?

No

Yes (if you answer yes, please explain): _____



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NOTE: This section (pages 15–16) must be completed and signed by your Ophthalmologist.

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Name of Patient: _____ Date of Birth: _____

Address: _____
(Street, City, State, Zip Code)

Telephone: _____

How long have you attended this patient? First visit _____ More than one visit: _____ # of Years _____

Do you certify that this patient is considered legally blind under state statutes? Yes _____

PHYSICIAN TO COMPLETE:

| | |
|--|-------------|
| Date of exam on which this report is based: _____ | |
| _____ Physician's Signature (Required Item) | Date: _____ |
| Doctor's Specialty: _____ | |
| Please type or print: Physician's Name: _____ | |
| Address: _____ | |
| City, State, and Zip: _____ | |
| Phone: (_____) _____ | |
| Fax: (_____) _____ | |
| OR USE STAMP (Please include complete phone number): | |

DETAILS OF BLINDNESS:

1. Date of Vision Loss: _____

2. What is cause of patient's blindness:

- Cataracts
- Congenital Birth Defect
- Diabetic Retinopathy
- Glaucoma
- Macular Degeneration
- Retinitis Pigmentosa
- Trauma (auto accident, gun shot)
- Other _____

3. What is the degree of the applicant's blindness? (Complete sections A & B below):

A. Degree of Vision Remaining:

- | Right Eye: | Left Eye: |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> 20/200 | <input type="checkbox"/> 20/200 |
| <input type="checkbox"/> Hand Movement | <input type="checkbox"/> Hand Movement |
| <input type="checkbox"/> Count Figures @ feet | <input type="checkbox"/> Count Figures @ feet |
| <input type="checkbox"/> Tunnel Vision | <input type="checkbox"/> Tunnel Vision |

B. Degree of Field Loss:

- | Right Eye: | Left Eye: |
|---|---|
| <input type="checkbox"/> All | <input type="checkbox"/> All |
| <input type="checkbox"/> 5% | <input type="checkbox"/> 5% |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 10% |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 15% |
| <input type="checkbox"/> any degree up to and including 90% | <input type="checkbox"/> any degree up to and including 90% |