



Assistance Dog United Campaign
 5860 Labath Avenue, Rohnert Park, CA 94928
 Email: info@assistancedogunitedcampaign.org

2012 Application for Assistance Dog Voucher

Please Note: Application must be completed by the applicant or answered under the direction of the applicant. Vouchers are valid for one year from date of issue until June 30, 2013, and may only be used to obtain an assistance dog during that voucher period.

ONLY COMPLETED ORIGINAL APPLICATIONS POSTMARKED OR RECEIVED BY 5/31/12 WILL BE CONSIDERED; FAXES AND COPIES ARE NOT ACCEPTABLE.

Part 1: Contact Information									
Last Name			First Name			Middle Name			
Street Address			City		County		State	Zip	
Mailing Address			City		County		State	Zip	
Home Phone		Cell Phone			Fax		E-mail		
()		()			()				
Place of Employment					Street/Mailing Address				
City	County	State	Zip	Phone		Fax		E-Mail	
				()		()			
Emergency Contact			Relationship			Address			
City		State			Zip		Home/Work/Cell Phone		
							()		
Part 2: Personal Information									
Date of Birth (Month/Day/Year)			Age	Gender		Height		Weight	
/ /									
Marital Status									
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Long-term Relationship <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other_____									
Your Birth Order (Circle One)									
1 2 3 4 5 6 Other_____									
Pets in Household									
<input type="checkbox"/> Yes <input type="checkbox"/> No Type_____ Number___ / Type_____ Number___ / Type_____ Number___									
Education									
<input type="checkbox"/> Less Than High School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> AA Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PhD/Professional <input type="checkbox"/> Other_____									

Part 3: Medical Information

Primary Medical Diagnosis/Disability-Cause (If Known) /Age of Onset

Secondary Disability/Medical Conditions

IS THIS DISABILITY PROGRESSIVE? Yes No

Circle The Number That Best Describes Your Medical Condition

0=Non-Applicable 1=Mild 2=Moderate 3=Severe

Motor Impairments

Weakness	0	1	2	3	Coordination	0	1	2	3
Spasticity	0	1	2	3					
Other _____						0	1	2	3

Sensory Impairments

Vision	0	1	2	3	Hearing	0	1	2	3
Loss of Sensation	0	1	2	3					

Cognitive Impairments

Memory	0	1	2	3	Problem-solving	0	1	2	3
Judgment	0	1	2	3	Attention	0	1	2	3

Communication Impairments

Expressive	0	1	2	3	Receptive	0	1	2	3
Written	0	1	2	3					

Psychological/Behavioral Descriptions

Depression	0	1	2	3	Impulsive	0	1	2	3
Difficulty Managing Stress	0	1	2	3	Inappropriate	0	1	2	3
Other _____						0	1	2	3

Additional Medical Conditions

Cardiovascular Disease	0	1	2	3					
Diabetes	0	1	2	3					
Respiratory Disease	0	1	2	3					
Chronic Pain	0	1	2	3					
Neurogenic Bladder	0	1	2	3					
Seizure Disorder	0	1	2	3					
Neurogenic Bowel	0	1	2	3					
Other _____						0	1	2	3

Assistive Devices (Check Any That Apply)

Manual Wheelchair	0	1	2	3	Scooter	0	1	2	3
Power Wheelchair	0	1	2	3	Walker	0	1	2	3
Crutches	0	1	2	3	Cane	0	1	2	3
Orthotics (Braces)	0	1	2	3	Prosthesis	0	1	2	3
Hearing Aid	0	1	2	3					

Please indicate any special instructions/considerations related to your disability/medical condition if (for example, hyperflexia management, seizure precaution, etc.) or any other information that you feel would be pertinent.

Part 4: Activities Of Daily Living

Please identify Functional Independence Measure (FIM) levels for the following motor activities based on this scale:

No Helper

- 7 Complete Independence (Timely, Safely)
- 6 Modified Independence (Device)

Helper-Modified Independence

- 5 Supervision
- 4 Minimal Assistance (You Can Perform 75% of Activity)
- 3 Moderate Assistance (You Can Perform 50% of Activity)

Helper-Complete Dependence

- 2 Maximal Assistance (You Can Perform 25% of Activity)
- 1 Total Assistance (You Can Perform 0% of Activity)

Self-care

Eating	1	2	3	4	5	6	7
Grooming	1	2	3	4	5	6	7
Bathing	1	2	3	4	5	6	7
Dressing-Upper Body	1	2	3	4	5	6	7
Dressing-Lower Body	1	2	3	4	5	6	7
Toileting	1	2	3	4	5	6	7

Sphincter Control

Bladder Management	1	2	3	4	5	6	7
Bowel Management	1	2	3	4	5	6	7

Transfers

Chair/Wheelchair	1	2	3	4	5	6	7
Toilet	1	2	3	4	5	6	7
Tub/Shower	1	2	3	4	5	6	7

Locomotion

Walk	1	2	3	4	5	6	7
Wheelchair	1	2	3	4	5	6	7
Combination of Above	1	2	3	4	5	6	7
Stairs	1	2	3	4	5	6	7

How many hours of attendant care do you receive each week?

Part 5: Confirmation Of Need

What type of assistance dog are you looking for?

Service Guide Hearing Social/Therapy Seizure/Alert/Response Other _____

5. ATTACH A ONE-PAGE DESCRIPTION EXPLAINING HOW AN ASSISTANCE DOG WILL BENEFIT YOU.

Part 6: Financial Information

Are you having financial difficulties obtaining an assistance dog? Yes No If yes, please complete and submit the Personal Declaration form. Be sure to include copies of any paperwork that verifies additional income information to support your need for ADUC financial support, including:

2011 IRS tax form/Schedule A Proof of federal assistance Other_____

Applications without this information will not be processed.

Part 7: Signatures

The information on this application is true and correct to the best of my knowledge.

Applicant Signature Date

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

Name_____Relationship_____

Mailing Address_____

City_____State_____Zip_____Phone_____(_____)_____

Parent or Guardian Signature Date

For Office Use Only

Approved Denied Reasons_____

Assistance Dog United Campaign

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Voucher Applicant Employer(s) Attach additional sheets if necessary.

Name of Employer	Address	City	Zip	Phone

1. Is there **any other income received by any person in the household** that has not been listed on this form?
 No Yes If yes, received by _____ Monthly Amount \$ _____
2. Has the Voucher applicant worked a temporary or seasonal job in the past 12 months? No Yes
3. Does the Voucher applicant anticipate any change in income during the next 12 month period? No Yes

III. ASSETS

1. Does the Voucher Applicant own or have any interest in any **asset valued at \$1,000 or more**? No Yes
If Yes, check all that apply: Bank/Credit Union Account \$ _____ Property/Real Estate \$ _____
 Other Asset _____ \$ _____
2. Does **any** household member have an **approved or pending** payment (for example annuity, insurance or accident claim/settlement; lottery or gambling winnings) No Yes Value \$ _____

IV. OTHER EXPENSES:

1. How much is the Voucher Applicant's monthly rent/mortgage? \$ _____
2. Check all utilities that you pay: Electric Water Garbage

Other specify :	
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V. QUALIFICATION FOR MEDICAL DEDUCTIONS

1. Is the Voucher Applicant or spouse disabled? No Yes
2. Is the Voucher Applicant or spouse 62 years or older? No Yes
3. Does the Voucher Applicant anticipate any unreimbursed medical expenses in the next 12 months? No Yes
Mark type and indicate amount below:
() Medical Premiums \$ _____ () Doctor/Hospital Co-Pay \$ _____ () Medications \$ _____ () Other \$ _____
4. If yes, does the Voucher Applicant expect to pay the expense () one-time or () will it be ongoing?

VI. ATTACH INCOME INFORMATION SUPPORTING YOUR NEED FOR ADUC FINANCIAL SUPPORT:

- IRS tax form with Schedule A
- Proof of federal assistance
- Other _____

WARNING: *I certify that I have supplied accurate and complete information. I understand reporting of **false or incomplete information is fraud** and may result in **denial or termination** of assistance. I realize that as the VoucherApplicant I am responsible for insuring that the information is complete and accurate for all household members.*

Signature of Applicant _____ Date _____

Adult Parent/Guardian _____ Date _____

Voucher Information

[Home Page](#) [List of Member Programs](#) [Donor Information](#) [Scholarship Information](#) [History](#) [Email us](#)



What Are Vouchers?

Insufficient funds limit the accessibility to assistance dogs. Individuals unable to contribute toward the cost of their dog feel, and in fact *are*, less empowered.

Recognizing this, ADUC provides vouchers to individuals with disabilities, thus enabling them to proudly approach an ADUC member program seeking a canine helpmate with the necessary funds to make this miracle possible.

Vouchers are valid for one year, so the assistance dog must be obtained within that time period. One-year extensions are allowed in special circumstances but must be requested *one month prior* to the voucher's expiration date.

Vouchers for service, hearing and guide dogs provided by a member program are available in amounts up to \$5,500. Vouchers for social/therapy dogs provided by a member program in amounts up to \$2,500. If the client provides their own dog to be trained by a member program, the voucher amount will be decreased.

Vouchers are disbursed to programs in two payments: fifty percent (50%) upon completion of client training and the remaining fifty percent (50%) after one year, pending verification of a successful working team.

How Do I Apply for a Voucher?

1. ADUC requires that the person wishing to receive a voucher application write or email to us directly during the months of April and May **ONLY** to request the most current application form. We will not take requests from member programs for their clients. Older versions of the form will not be accepted. Applications are not available at our various member program locations.

2. The application, along with a one-page letter stating how an assistance dog will help you and proof of financial need (SSI notice or tax return), are due by May 31. Late or incomplete applications will not be considered.
3. Completed applications will be evaluated by ADUC's voucher committee. Selection criteria favors those applications demonstrating the need of an assistance dog and financial necessity.
4. Vouchers are valid for one year from date of issue and may only be used to obtain an assistance dog from one of ADUC's member programs (see List of Member Programs) during that period of time.
5. If you are unable to obtain your dog within the one-year time limit, you may apply for a one time, one year extension on your voucher one month before your voucher's expiration date.

