# APPLICATION FOR AN

# AUTISM ASSISTANCE DOG

## Child’s Details

Name:

Date of Birth:

Address:

Parent/Guardian names:

Contact telephone numbers:

Email address:

Preferred contact method:

Application date:

NDIS Number:

NDIS Planner/NDIS Partner in Community Name:

# PART 1 – Background Information

**Diagnoses:**

**Number of children in family and their ages:**

**Living arrangements:**

**Work arrangements of parents:**

# PART 2 – Functional Status

### Mobility

**Describe your child’s activity level:** Low [ ]  Medium [ ]  High [ ]

**Describe if your child needs assistance moving around:**

### Self-Care *Describe in detail how your child manages each task*

**Showering/Bathing:**

**Dressing:**

**Eating/drinking:**

**Toileting:**

**Caring for own health:**

**Grooming:**

**Sleep:**

### Self-Management *(NOTE: Not applicable for Children under 8 years of age.)*

**Simple household tasks:**

**Simple meal preparation:**

### Community Access and Participation

**Type of schooling and name of school:**

**Is the school aware of this application?** Yes [ ]  No [ ]

**Do they have an Education Assistant? How many hours per day?**

**Activities your child enjoys:**

**Activities your family avoids:**

**Describe any safety measures in the home or when you’re out in the community:**

### Communication *Describe in detail how your child manages each area*

**Understanding language:**

**Expressing themselves with language** (if non-verbal, describe any strategies/devices you use)

**Literacy skills:**

### **Social Interaction**

**Initiating and maintaining friendships:**

**Socialising with other children/siblings/peers:**

**Regulating and managing emotions:** (including dealing with anger and frustration)

**Describe what it looks like when your child is not coping:** (meltdown behaviours, frequency, triggers, strategies for coping)

### **Learning/Cognition**

**Understanding and remembering information:**

**Learning new things or concepts:**

**Practicing and transferring new skills:**

# PART 3 – Dog Information

### **General Considerations**

**Does your child like dogs?** Yes [ ]  No [ ]

**Is there anyone in your family who does not like dogs?** Yes [ ]  No [ ]

**Does anyone living in your household have allergies to dogs?** Yes [ ]  No [ ]

**Please list any other pets you have in your household:**

*Please be aware that in some instances it may not be suitable to have a working Assistance Dog living with pet dogs. Some families choose to rehome their existing dog/s and some families choose to withdraw from the application process. We can discuss and assess this with you if necessary.*

**Is the entire family committed to an Autism Assistance Dog?** Yes [ ]  No [ ]

**Who intends to be the primary handler?**

**Does the primary handler work?** Full time [ ]  Part time [ ]  No [ ]

**How will the dog be cared for during the work day?**

*Please be aware that dogs cannot be left for more than 3 hours per day*

**Are you prepared to commit the time and effort required in maintaining an Autism Assistance Dog?** (socialising, on-going training, exercising, grooming, toileting)

 Yes [ ]  No [ ]

**Are you able to financially commit to an Autism Assistance Dog which can cost over $2500 per year for vet care, food and other expenses?** Yes [ ]  No [ ]

**Once matched with a dog, class training runs for two weeks. Training takes place in the family’s home and local community. The first week involves five days with just the parent (primary handler). The second week involves five days with both the parent and the child. Can you commit to this?** Yes [ ]  No [ ]

### **Requirements for an Assistance Dog**

*An Assistance Dog has public access rights, therefore, you must have a need for the Assistance Dog to provide support within the community.*

**What has prompted you to apply for an Autism Assistance Dog?**

**How do you envisage an Autism Assistance Dog helping your child?**

**List three tasks you want an Autism Assistance Dog to assist your child with:**

**1.**

**2.**

**3.**

# PART 4 – Lifestyle Information

**Describe your family’s lifestyle including activities and outings and how your child is supported:**

**Describe your house and yard and fencing:** Own home [ ]  Renting [ ]

**If renting, do you have permission to have a dog?** Yes [ ]  No [ ]

**Within the next two years, are you expecting any large changes to your current lifestyle that could affect your day to day life?** (new job, moving house, having a baby)

**Can you identify any potential difficulties your family may face in working with an Autism Assistance Dog?**

**Autism Assistance Dog teams attract a great deal of attention in public. How comfortable are being in the public eye and how will you deal with the attention your child and dog receives?**

All information provided will be held in the strictest of confidence and its sole use is for assessment purposes.

Parent Name: Signature: Date:

Parent Name: Signature: Date:

# PART 5 – References

*Please provide the following references and their contact information. Please inform these individuals that they may be contacted.*

|  |  |
| --- | --- |
| Family Doctor: |  |
| Address: |  |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Speech Pathologist *(if applicable):* |  |
| Address: |  |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Occupational Therapist *(if applicable):* |  |
| Address: |  |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Psychologist *(if applicable):* |  |
| Address: |  |
| Phone: |  | Email: |  |

|  |  |
| --- | --- |
| Personal Reference #1 |  |
| Relationship: |  | # of Years Known: |  |
| Address: |  |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Personal Reference #2 |  |
| Relationship: |  | # of Years Known: |  |
| Address: |  |
| Phone: |  | Email |  |