

APPLICATION FOR AUTISM ASSISTANCE SERVICE DOG

for a CHILD (under 18 years of age) or ADULT WHO IS NOT THEIR OWN LEGAL GUARDIAN

Dear Applicant,

Thank you for your interest in our Autism Assistance Service Dog programme. An especially trained service dog can have a significant impact on the quality of life of a child with autism and their family and we are excited about the possibility of helping your family through one of our dogs. The key to a successful outcome, however, depends on making the best possible match between the service dog and your family.

Please go through this application carefully and complete all the sections in as much detail as you can. The information you provide will be used to evaluate and compare the temperament, characteristics and strengths of the dog with the lifestyle and assistance needs of your family. This means that, although applications are evaluated in the order in which they are received, we do not follow a first come - first served policy. Please understand that you may need to wait a year or more for an Autism Assistance Service Dog to be matched with your family once your child's name has been added to the waiting list.

You will need to complete all of the following forms:

- Application Form (Part A)
- Letter of Reference (Part B)
- Medical History Form (Part C)

Please send the completed forms to:

Service Dogs Malta Foundation
c/o Joseph Stafrace
14, St Nicholas, Triq Belt il-Gmiel, Imtarfa MTF 1230

Or scan and send to servicedogsmalta1@gmail.com

Once your application form for an Emotional Support Dog is assessed we will contact you for an interview and to schedule an in-home evaluation.

If you have any questions please do not hesitate to contact our Operations Manager, Joseph Stafrace, on 7961 7814 or Robert Spiteri, our Head Dog Trainer, on 9944 2426.

Thank you once again for your interest in our programme. We look forward to working with you.

Part A

APPLICATION FOR AUTISM ASSISTANCE SERVICE DOG

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Date: _____

How did you hear about the Service Dogs Malta Foundation?

1. Personal information To be completed by parent or guardian.
(Please use a separate sheet of paper if more space is needed to reply to any question).

Child's Name _____ Date of Birth _____

Gender male female

Address _____

Town _____ Post Code _____

Home Phone _____

Mother's Name _____ Father's Name _____

Mother's ID No _____ Father's ID No _____

Mother's Mobile _____ Father's Mobile _____

Mother's Email _____ Father's Email _____

OR

Guardian's Name _____

Guardian's ID No _____

Guardian's Mobile _____

Guardian's Email _____

Child lives with:

- Both parents
- Guardian
- Mother only
- Father only
- Other _____

Child's Age _____ Child's Height _____ Child's Weight _____

Diagnosis _____

Please include any secondary diagnosis, related or unrelated _____

How does this diagnosis affect their daily living skills? What are their limitations?

Does your child use any adaptive equipment (e.g. wheelchair, hearing aid)? If so, please describe.

Do you receive support from outside services (respite, ABA, therapy, etc)? Yes No

What type and how frequently (daily/weekly)? _____

How much assistance is required to take your child out in public?

mild moderate a great deal we don't go out in public

2. Parent/Guardian information

Father's Occupation _____ Employer _____

Work Address _____

Work Phone _____ Hrs/week _____

Additional part-time work _____ Hrs/week _____

Mother's Occupation _____ Employer _____

Work Address _____

Work Phone _____ Hrs/week _____

Additional part-time work _____ Hrs/week _____

OR

Guardian's Occupation _____ Employer _____

Work Address _____

Work Phone _____ Hrs/week _____

Additional part-time work _____ Hrs/week _____

3. Medical information

Primary Doctor _____ Clinic _____

Address _____

Phone _____

Please list all medications your child takes and frequency

4. Household information

(If the family is split please list primary information below and attach a separate sheet of paper with the same information if the dog will be spending any time at a separate residence.)

Please list all people residing in your home:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your residence (i.e. apartment, one level, two levels, stairs/no stairs, yard, garden , pool etc.)

Do you rent, own or live in a family-owned property? _____

If you do not own your home, are dogs allowed by the owner? Yes No

Describe your neighbourhood (ie. busy road, near a school, rural, close to neighbours, close to green area _____

Have you owned a dog before? Yes No

If yes, when and for how long? _____

Do you currently have pets? Yes No

If yes, please list each pet:

Species	Breed	Age	Spayed/Neutered	Lives inside/out
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Is any member of your household allergic to or afraid of dogs? Yes No

If yes, how do you plan to address this?

Do you often have guests in your home? Yes No

If yes, how frequently?

Where would your dog be when you are out (if not at school with the child)?

If left alone, how many hours per day would the dog be alone? _____

How often do you travel? _____

Would take the dog on trips with you? Yes No

How do you generally travel? Car Boat Airplane

Do you have any plans to move to another country in the near future? Yes No

Do you smoke? Yes No

If yes, should you be assigned a dog, would you accept to smoke only outdoors and not in the vicinity of the dog? Yes No

5. Information about the child

Your child is: verbal non verbal uses a communication device signs

Is your child able to give verbal commands that are clear? Yes No

Your child's activity level is:

low moderate high

Describe your child's typical day (include morning routine, school, transportation needs, evening routine etc.).

How has autism impacted your family?

What are your primary concerns about your child's current level of functioning? (include such things as aggression, decreased sleeping, tendency to wander, escapes, frequent tantrums, etc.)

Describe how you see an Autism Assistance Service Dog helping your child's daily routine

Is there a specific service you would like the dog to perform that would positively impact your child's / family's quality of life?

Describe your child's level of mobility and coordination

Does your child want a service dog? Why do they say they want a service dog? (If the child is old enough please record their answer to this question here).

6. Child's education

Does your child attend school? Yes No

If so, where? _____

Year _____ Head of School _____

Phone _____

Do you want the dog to go to school with the child? Yes No

If so, have you discussed this with the teachers and the Head of School? Yes No

If yes, what was their response? _____

Does your child have an LSA with them while in the classroom? Yes No

If yes, on what basis is the LSA allocated to your child?

Have you discussed the service dog with the LSA? Yes No

If yes, what was their response? _____

How does your child get to school?

walks school van public transport I drive my child

7. Behavioural concerns

Please read the following and indicate how your child typically responds. Use the key the indicate your child's **TYPICAL** response

0 = never

1 = occasionally (<10% of time)

2 = frequently (25% of time)

3 = often (50% of the time)

4 = most of the time (75% of time)

5 = always

1. My child is easily stimulated in busy environments. _____
2. My child experiences intense meltdowns. _____
3. My child is aggressive with self and others. _____
4. My child has a difficult time with transitions. _____
5. My child has difficulty with boundaries. _____
6. My child tries to escape from the house/me/school. _____

Indicate which environments trigger this behaviour and frequency

7. My child leaves their bed at night. _____
8. I am concerned my child will do something unsafe in the middle of the night. _____
9. My child engages in repetitive behaviours. _____
Describe _____

10. My child is unable to go into restaurants. _____
11. My child has decreased level of attention. _____
12. My child has difficulty with social skills. _____
13. My child has difficulty following directions. _____
14. My child has difficulty interacting within the environment. _____
15. My child has difficulty communicating personal needs. _____
16. My child has difficulty understanding/interpreting emotions. _____
17. My child has difficulty responding to their name. _____

8. Other

Does your child have difficulty sleeping at night? Yes No

On average, how many hours per night does your child sleep? _____

On average, how many hours per night do **YOU** sleep? _____

Would you allow the dog to sleep with your child? Yes No

Please describe your child's sleep habits and how they impact the family unit

How does your child manage their frustration?

Does your child have sensory processing difficulties?

Sound sensitivity	<input type="checkbox"/> Extreme	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Slight	<input type="checkbox"/> None
Touch Sensitivity	<input type="checkbox"/> Extreme	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Slight	<input type="checkbox"/> None
Light Sensitivity	<input type="checkbox"/> Extreme	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Slight	<input type="checkbox"/> None
Smell Sensitivity	<input type="checkbox"/> Extreme	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Slight	<input type="checkbox"/> None
Reactivity	<input type="checkbox"/> Extreme	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Slight	<input type="checkbox"/> None

9. A service dog in your home

Do you have the financial ability to provide daily and yearly care for an Autism Assistance Service Dog? (Average monthly cost can be between €50 to €70) Yes No

Do you have experience training dogs? Yes No

Would you be able to attend “matching” training classes? Yes No

Once placed, would you be able to commit to ongoing training of the dog? Yes No

Would you be able to maintain a daily/weekly grooming routine? Yes No

Would your family accept the dog a member of your family? Yes No

Would you allow the dog to live inside your home? Yes No

Who would care for the dog in the event of an illness/emergency situation?

Name

Phone

Where and how will you provide the dog with daily exercise? _____

Is your child physically able to handle a dog? Yes No

If not, who will handle the dog for them? _____

If there are other children in the home what do they think of this child having their own dog? In some cases it is often necessary to have the child be the primary caregiver, the only one to give the dog attention, treats, and play with the dog. Is this something you are prepared to deal with? In addition, having a dog is sometimes very much like having another child. Are you able to handle the additional responsibility?

Is there anything else that you would like us to know?

If the child is old enough to express their feelings about having a service dog please ask them to tell you anything else they want us to know. They can also be encouraged to write something themselves or draw a picture showing how the dog will help them.

I certify that all information provided in this application is current, correct and complete.

Parent / Legal Custodian's signature

Parent / Legal Custodian's signature

**Kindly note that in the case where the parents are separated divorced or not present documentary evidence must be provided showing that such person is the legal custodian of the child.*

Date

The Service Dogs Malta Foundation reserves the right to deny services to any applicant who does not meet the criteria necessary for placement of a service dog or who requires services which the Foundation does not cater for. Any information collected throughout this application process will only be used for application purposes and will be treated in strict confidence. The information found above will not be distributed to any third parties.

Part B

APPLICATION FOR AUTISM ASSISTANCE SERVICE DOG

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Letter of reference

As part of the application process we require a letter of reference from a person of trust with a good standing in the community who knows your family and your child well but is neither related to you nor living at the same address. Kindly ask them to fill in the form below and send it directly to us. Please also sign the statement below allowing us to contact the person providing the reference should we need further information.

I have no objection to the Service Dogs Malta Foundation contacting Mr / Ms/ Dr

_____ **for further information in connection with our application for a service dog should further information be needed.**

Signature: _____

Date: _____

Part B

APPLICATION FOR AUTISM ASSISTANCE SERVICE DOG

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Letter of reference

_____, is applying for a service dog for their child, _____ through our organisation. Please take a moment to fill out this form which needs to be included with the application form.

Name: _____

Profession: _____

Phone No: _____ Mobile No: _____

I.D No: _____

Relationship to the applicant: _____

How long have you known the applicant? _____

How long have you known the child? _____

In your view, does the child's condition affect their functional abilities? If yes, please describe in what ways.

Do you think the child would benefit from the use of a service dog? Do you think they have the ability to handle a dog? If not, do the parents/ guardian? Do you feel the child and/or parents/ guardian have the ability to care for a dog? If not, do they have a support system in place that would be available on a daily / weekly basis to assist in the care of the dog?

If the child/family has pets or if you have observed the child with other animals, how did they interact? If they have pets, are they well cared for? Do they live inside or outside the home?

Additional comments:

Signature: _____

Date: _____

Thank you for your assistance in providing this letter of reference for the applicant.

Kindly send this form directly to:

*Service Dogs Malta Foundation
c/o Joseph Stafrace
14, St Nicholas, Triq Belt il-Gmiel, Imtarfa MTF 1230*

Or scan and send to servicedogsmalta1@gmail.com

Part C

APPLICATION FOR AUTISM ASSISTANCE SERVICE DOG

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Medical history/Consent form

Name of Applicant _____

Name of Child _____

This form is to be completed by your child's doctor, physical therapist, occupational therapist, speech therapist or any other healthcare provider who sees your child on a regular basis (regular = weekly/monthly). Please also sign the statement below allowing us to contact the person filling out the form should we need further information.

I have no objection to the Service Dogs Malta Foundation contacting Mr / Ms / Dr

_____ **for further information in connection with our application for a service dog should more information be needed.**

Signature: _____

Date: _____

Name of Applicant _____

Name of Child _____

The applicant is applying for an Emotional Support Dog for their child to assist them in obtaining a higher level of independence. The Service Dogs Malta Foundation is a non-profit organisation that trains and places service, emotional support and therapy dogs to assist with mobility impairment, hearing impairment, seizure disorders, autism, diabetes alert and developmental disabilities. Please take a moment to fill out this form to help us better assess this application.

Medical release of information consent

Dr / Mr. / Ms _____

Please release the requested information regarding my child's condition to the Service Dogs Malta Foundation. This information will be used to help the Service Dogs Malta Foundation determine the feasibility of placing an Autism Assistance Service Dog with our family to assist my child. Thus, I give you permission to share this information. Thank you.

Parent/Guardian Signature of Release

Date

Information about the Healthcare Provider

Name _____

Profession _____

I.D. No _____

Address _____

City _____ Postcode _____

Phone _____ Email _____

How often do you see this child? _____

What is the child's primary diagnosis? _____

Are there any secondary diagnoses? _____

Are any of these progressive? Yes No

Does the child have any difficulties with: (Tick all that apply)

allergies balance emotionality social skills

anger chronic pain impulsivity speech

asthma depression motor coordination

Does this child use any assistive devices? Yes No

If yes, please describe below:

If the child has physical disabilities or conditions that affect and/or limits them physically, what are they and how do they affect the child?

Does the child's condition have an impact on their cognitive abilities (for example, memory, retention, concentration, or understanding)? If so, please explain in as much detail as possible.

Does this child have any special psychological needs? Yes No

If so, please list the diagnosis and explain how it affects them.

Does the child have a disability which could lead them to lose control and injure or provoke a dog into defending itself? Yes No

In your opinion, is it safe to place a dog with this child? Yes No

Please take into account the safety of the child and the dog. Please explain in further detail if you have concerns about the placement of a dog with this child.

In your opinion, would the child benefit from having an Autism Assistance Service Dog?

Yes No

Are there any special considerations or symptoms we should be aware of? Do you have any further comments?

Signature: _____

Date: _____

Thank you for your assistance in providing this letter of reference for the applicant.

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