

General Information

Program Policies		
Applicants Name:	Birthday:	
Email:	Phone:	
Guardian (if under 18):	Relationship:	
Guardian Email:	Phone:	
Address:		
Applicant's Occupation:		
Number of people living in applicants home:		
Number of Children living in the home, how old?		
Number of other Pets in the home, what kinds?		
Primary need for an assistance dog:		
1. Condition:	Since:	
2. Condition:	Since:	
3. Condition:	Since:	
4. Condition:	Since:	
Are you applying with your own dog to be assessed and trained?	NO	YES (See Part 5)
<p>Personal Letter. Applicants are required to complete a detailed letter to the program expressing the impact an assistance dog will have on their lives. Please provide as much detail in possible, include goals, aspirations and modifications you will make in your lifestyle. If a writer letter is not a format is not accessible to the applicant our program also permits this "Letter" to be submitted in the format of an audio recording, video or any other medium. This letter is meant to be personal and will not be graded in any way, It is mean to be a reflection on you as an individual person and provide insight to who you are and the programs compatibility.</p>		

Program Policies

The following policies must be adhered to by the applicant during the application process and upon being accepted into the program.

If the applicant is not legally and adult, the signing guardian agrees to oversee and ensure all program requirements are met.

I agree to a pre-screening phone interview and a home check.

I agree to completing 20 hours of assessment and pre placement training, to be completed at the pace recommended by the overseeing trainer to the best of my ability.

I understand that the assessment and placement process can take between 6 months and two years.

I understand that Leash of Hope places dogs based on compatibility not based on how long a person is waitlisted for.

I agree to assume financial responsibility for my assistance dog, including basic and extensive care and whatever other necessities the dog may require in order for it to perform to its fullest capacity as an assistance dog.

I agree to participate in all the team training program that has been customized for me and to communicate with my trainer in full if rescheduling is required.

I agree that the assistance dog placed with me is not be to put into foster care without approval and training from Leash of hope.

I agree to upholding Leash of Hope policies and remaining "In good standings" to the best of my ability.

If policies are not upheld fair warning will be provided in a three strike system. Upon the third strike human resources will mediate the issue, and may result in removal of the dog.

I am prepared and committed to working with/receiving a dog within the next year. If my availability changes I will inform Leash of Hope and understand that this may affect my placement on the waiting list.

I agree to keep channels of communication open between Leash of Hope or designate an advocate in the event that I cannot do so. This includes providing 24 hrs notices for rescheduling of any team training.

I agree to informing Leash of Hope if there are changes in my medical conditions, aids (including medication) or support team.

I agree to allowing communication between my medical team and Leash of Hope under the condition that all information provided is confidential and for the purpose of improving the dogs ability to help me.

I agree to cover the cost of travel and accommodations if I live outside of the greater Vancouver area and require a trainer to travel to me.

Application Checklist. Please Make sure all forms are completed in full prior to sending in your application.

Part 1 General information (including personal letter)

Part 2 Medical form (Having all medical team complete this is recommended by only 1 is required)

Part 3 Character references (minimum three required)

Part 4 Finance form (including application fee)

Part 5 Canine Information (**only** to be completed if applying with your own dog)

Please **MAIL** your complete application #402, 2055 Commercial Dr, Vancouver BC V5N 0C7

(This is a mailing address only. applications are processed within 30days of being received)

I confirm that all the information provided is accurate and I have read and agree to all policies above.

Applicants Signature: _____ . Date: _____

Guadian Signature: _____ . Date: _____