



M.A.S.T Client Application

Before filling out the application, we ask that you read the following information to ensure that you qualify as an applicant:

1. Masonic Association of Service and Therapy trains dogs for the following client types:
 - a. Veterans who have been formally diagnosed with TBI or a physical disability.
 - b. Veterans who have served overseas in combat areas.
 - i. OIF/IEF
 - ii. Vietnam
 - iii. Combat related areas

2. Masonic Association of Service and Therapy Dogs are unable to provide service dogs at this time for the following conditions:
 - a. Low vision, or individuals who are blind
 - b. Individuals looking for a medical alert dog for diagnosis such as diabetes, seizures and severe allergies
 - c. Individuals who are deaf

If you have any questions about your eligibility for the Masonic Association of Service and Therapy dog program, please contact us at: [847-772-5000](tel:847-772-5000) . You are also welcomed to visit the M.A.S.T Facebook and website.

M.A.S.T does not discriminate on the basis of race, color, creed, national origin, sex, age, religion, marital status, sexual orientation, gender identity or expression, veteran status, HIV/AIDS status, physical or mental disability for the purpose of service, employment, membership, volunteering, or leadership.



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Application Checklist

Your application will be reviewed and an interview scheduled when all information has been received.

- \$30 Application Fee Non- Refundable**
 - Initial contact Information**
 - Release of Information (Attached Separately)**
- Part A-Client Application**
 - Client Portion of Application**
 - Rules Sheet Signed (Attached Separately)**
- Part B – Background Check**
- Part C**
 - Two Letters of Recommendation (family/friends)**
 - Letter from housing complex stating that they understand about the acceptance of service animals.**
 - A Copy of Your DD214 Form**
- Part D - Medical Form**
 - Doctors Recommendations (Prescription for Animal)**

1715 Cherry Court,
Lake Villa, IL. 60064

Phone: 847-772-5000 E-mail:MAST.servicedogs@gmail.com

M.A.S.T will keep your entire application confidential. Your written application will become the property of M.A.S.T.



M.A.S.T Client Application

Please review the application instructions before completing this form. Your application will be reviewed and an interview scheduled when **all** information has been received.

Part A - Client Application, completed by client, two letters of recommendation, signed Release of Information form(ROI), and a \$30.00 application fee.

Part B - Medical Form, completed by your physician or therapist, describing your disability.

APPLICATION PART A

Date _____

First Name _____ MI ____ Last Name _____

Date of Birth _____ Age _____ Height _____ Weight _____ Sex: M F

Address _____

Street

City

State

Zip

Home Phone _____ Work Phone _____ Employer _____

Cell Phone _____ E-mail _____

Married Divorced Significant Other Young Kids living with you(0-12) _____

Teens living with you (13-19) _____.

First Name of Spouse/ Significant Other _____ MI _____

Date of Birth _____ Age _____ Height _____ Weight _____ Sex: M F

Cell Phone _____ Work Phone _____ Employer _____

Name of Nearest Relative _____ Relationship _____

Address of Relative _____

Street

City

State

Zip

Relative's Home Phone Number _____ Work Phone _____



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This application must be IN THE WORDS OF THE PERSON WHO WILL USE THE DOG. If writing is difficult for you, provide name and relationship of person transcribing your words.

Name _____ Relationship _____

How did you learn about M.A.S.T? _____

What branch of the service were you in? _____

Are you active or Retired? _____

For non-active military clients, please attach a copy of your DD214 form to this application

Please select from the following list the type of dog that would be best for your current situation:

Service Dog

A service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access.

A service dog can be placed with a client that is at least 16 years of age or older and is capable of handling the dog in public without assistance.

Service Dog - 3rd Party

A 3rd party service dog is trained to perform a minimum of three custom tasks for a person with a disability. The dog is granted full public access providing that a parent or guardian is with the client at all times when in public. Third party service dogs are available to clients that are between the ages of 12-16 or unable to handle a dog in public without assistance from a guardian or care giver.



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M.A.S.T strives to provide a supportive environment for our clients. We adhere to Assistance Dogs International's policy of "Standards and Ethics Regarding Clients" throughout our program and amongst all of our staff.

What is your disability?

Most M.A.S.T dogs assist people with primary mobility impairment, such as multiple sclerosis, muscular dystrophy, cerebral palsy, spina bifida, paraplegia, tetraplegia, arthritis, amputation, stroke, or traumatic brain or spinal cord injury.

Do you have any other diagnosis, including mental health diagnosis?

How long have you been disabled?

If disability was caused by injury, what progress has been made post injury?

Please indicate the devices that you use: Wheelchair: manual power both
 Crutches Cane 3-wheel electric scooter Sip and puff
 Other

Which do you use most often?

Do you drive? _____ Take a bus? _____ Cab? _____ Other? _____



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Describe your physical strengths and abilities. (Circle one number for each limb.)

<u>Left</u>	No Use $\longrightarrow\longrightarrow\longrightarrow$	Full Use	<u>Right</u>
Hand Strength	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
Dexterity	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
Arm Strength	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
Upper-Body Strength	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
Leg Strength	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
Leg Control	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10

How often do you fall?

Can you catch yourself when you fall, or do you fall like a tree? _____

Please rate: (On a scale of 1=Poor – to – 10=Normal)

Your Speech? _____ Easily understood _____ Tone variation _____ Volume

Do you use a word board? Yes No Other

Your Vision? _____ Do you use corrective lens? Yes No

Do you need? Large font Audio tape Note taker Other

Your Learning Ability? _____ Need assistance, namely _____

Your Hearing? _____ Hearing Aid ASL

How do you handle the following?

Routine medications By yourself Assisted Provided by others

Your finances, checkbook By yourself Assisted Provided by others

Housecleaning: By yourself Assisted Provided by others

Meals By yourself Assisted Provided by others

Getting dressed By yourself Assisted Provided by others



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Shopping; groceries, etc. By yourself Assisted Provided by others

Personal Care By yourself Assisted Provided by others

What personal attendants (including family members) do you use?

Personal Care Aide Cooking Cleaning Medical

Other _____

Describe how many attendants and how often? (Daily, weekly?) _____

Please describe your limitations – mobility, physical strength, endurance, reaction speed, balance, vision, speech difficulties, heat, cold or pain sensitivity, your ability to read and understand written material, and **anything** that might help us understand your needs.

What work, school, or rehabilitation program(s) have you completed?

What is your current work or school schedule? _____

What are your plans for work or school? _____

List the people living in your home, including their ages and their relationship to you.

Do any other members of your household have a physical or mental disability?

No Yes If so, how are they disabled and what are their limitations?



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Please describe your home and yard.

Is your yard fenced? No Yes If yes, how high is your fence? _____

If your yard is not fenced, if your fence is too short or needs repair, will you be able to put up a secure fenced area **before** you receive your dog?

Yes No (please explain)

Explain _____

What pets do you have now? Describe type and age.

Veterinarian's name and phone number.

If you have a dog now, would you be willing to give up your present dog, if it cannot get along with an M.A.S.T dog? Yes No (Explain)

If your present dog is not well-mannered, are you willing to train your dog before you receive your M.A.S.T dog? Yes No (Explain)

What dogs have you had before? Describe what kind and how old you were.

Have you ever re-homed a pet? If so, what was the reason?

On a daily basis, how will you handle walking, cleaning up after, feeding, medicating, exercising, grooming, and medical care for your M.A.S.T dog?



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How will you handle the care of your M.A.S.T dog if you are hospitalized? _____

Will it be difficult for you?

- To attend placement classes at the TOPS Training Center in Grayslake, IL for 2 weeks? Yes No
- To limit your calendar for the 30-day bonding period? Yes No
- To attend an approved Obedience Class? Yes No

Please explain any Yes answer

Living with a M.A.S.T Service Dog

Do you agree to the following conditions?

- That there is a reasonable expectation that your medical situation will allow you to use and benefit from your dog's skills for 8 to 10 years.
 Yes No, explain

- That an M.A.S.T dog will spend most of their time **with their partner** at home AND at work, at school, and social events if he/she is certified for public access and that no FSD dog will be in a yard or kennel for long periods of time.
 Yes No, explain

- That an M.A.S.T Dog is not a family pet – he or she has a specific function in their partner's life and minimal interaction with others.
 Yes No, explain



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- That you and your dog are ambassadors form M.A.S.T, as well as for the entire assistance dog industry (guide, hearing, and service dogs) and you will be expected to maintain your dog’s appearance and manners, as well as your handling skills.
 Yes No, explain _____

- That an M.A.S.T dog cannot be allowed off leash except in a secure area. Exercise and elimination must be done on leash or in a fenced yard or dog run.
 Yes No, explain _____

- That you must assume full responsibility as caretaker of your M.A.S.T dog, in charge of their safety, health, and welfare. Their needs include:
 - **Medical care** – all care prescribed by your veterinarian and routine annual care as directed by M.A.S.T. Yes No, explain

 - **Nutritional care** – including use of a good quality dog food and maintaining your dog’s proper weight. Yes No, explain

 - **Daily exercise and play** Yes No, explain

- That you assume full responsibility for maintaining appropriate training and behavior, annually updating your ADI public access certification or Canine Good Citizen certification as applicable. You must maintain identification for public access, if applicable. Yes No, explain _____

- That you must assume full responsibility for cleaning up after your dog eliminates in public and for repairing any damage caused by your dog. Yes No, explain

Sign below if you agree to the conditions listed above. Attach additional sheets if needed to explain any ‘No’ answer.

Signature of Applicant _____ Date _____



M.A.S.T Client Application

Finance Worksheet – Planning For Your Dog

The below questions are meant for you to think critically about the financial impact a service dog may have on your life. While M.A.S.T does not charge our clients for a service dog, we do require that our clients assume the financial responsibility that goes along with caring for the dog, including (but not limited to) food, veterinary care, treats, toys, beds, and (possibly) boarding. Please carefully consider the following questions:

- We estimate that the cost of a service dog is approximately \$2000 per year. This is a basic estimate based on the cost of food, a yearly checkup for your dog, vaccinations, and a small stipend for unexpected veterinary occurrences. Do you feel comfortable taking on this cost? Yes No, explain

- Although the above amount of \$2000 per year is a good place to begin budgeting, unexpected veterinary occurrences can happen. Please read the following scenario and explain how you would respond to the circumstances.

You have taken your dog to a dog park for some exercise and play. Your dog starts playing with another dog and they are tumbling around the yard. Later when you get home, your dog appears to be limping and cannot put any weight on one of his legs. You take your dog to the vet and find out that he has torn a ligament and needs TPLO surgery – a not uncommon occurrence in large dogs. The cost will be anywhere from \$2,980-\$3,180 for surgery and post-operative expenses. Please describe how you would proceed. _____

- Is there a limit to the amount you could spend on veterinary care?

- How much is too much to spend?

\$ _____

- Would you ever consider euthanasia due to medical costs?

- Have you ever, in the past, had to euthanize a pet due to the cost of medical care? If yes, please describe the situation:



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Source of Income

Professional Self-Employed Government Benefits Other

If you are employed, please describe your work: _____

Number of years in current place of work: _____

Spouses or Significant Others employment: _____

Number of years in current place of work: _____

Monthly Income: \$_____

Please estimate the following expenses on a **Monthly** basis where applicable:

- Rent/Mortgage \$_____
- Utilities \$_____
- Medical Care \$_____
- Car Payments \$_____
- Credit Card Payments \$_____
- Expenses for other animals in your home \$_____

Please take a moment to think critically about your monthly expenses and budget. Using this information and your current income, please fill out the following “Finance Worksheet” using your best estimates to map out what you can afford on a **MONTHLY** basis for your dog.

- Dog food: \$_____ (You can estimate that your dog will eat between 2-4 cups of dog food per day, depending on the size of the dog).
- Treats: \$_____
- Toys: \$_____
- Grooming: \$_____ (this cost will vary dramatically based on the type of dog you get. If you have specifically requested a poodle or poodle mix, this cost will be higher).
- Savings towards veterinary expenses: \$_____

Return Part A of the **Client Application** to:

M.A.S.T, 1715 Cherry Court, Lake Villa, IL 60064

If you have questions, call us at (847) 772-5000



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Application Part B – Background Check

In order for us to completely process your application and schedule an interview, we will need a completed background check. Please fill out the information below. We will run the background check for you and destroy the sheet containing your SSN. Please type or print clearly.

First Name: _____ Middle Name: _____ Last

Name: _____

Gender: _____

Email: _____

Social Security Number: _ _ _ - _ _ - _ _ _ _

Date of Birth: _____

Current Address:

Country: _____ Street Address:

City: _____ State: _____ Zip Code: _____

Date Moved In: _____

Have you ever been convicted of a crime? A conviction will not necessarily bar you from receiving a dog.

Yes No

If yes, please describe:



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Letters of Recommendation

Please list the name and contact information of two people who will provide letters of recommendation for you. We will need a physical letter from both people either included with the application or sent separately to Freedom Service Dogs.

- 1) Personal (not a relative)
- 2) Professional (therapist, doctor).

Please send letters of recommendation to:

M.A.S.T Dogs
1715 Cherry Court,
Lake Villa, IL. 60064
Phone: 847-772-5000 E-mail:MAST.servicedogs@gmail.com.

1. _____

2. _____



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Client Application Part D Medical History Form

Please ask your physician or therapist to complete this form. Sign the release below and ask your physician to return it directly to M.A.S.T

Patient's Last name _____ First _____ Sex: ____ Date of Birth _____

Release of Medical Information

This authorizes you to release information regarding my condition to Masonic Association of Therapy and Service Dogs. This information will be used to evaluate and assess my situation and is essential for M.A.S.T to train a service dog to increase my independence All information is confidential.

Parental or duly authorized consent is required, pursuant to state and federal law, if client is a minor, or under guardianship or conservatorship/ward of the court.

Printed name _____ Date _____

Signature _____

Relationship or title and agency

Agency address and phone number

To the Physician or Therapist:

- We maintain confidentiality of our clients' records. What you write here will not be shared with your patient unless you give express permission.
- If you have questions, please contact M.A.S.T at (847) 772-5000. Please mail the completed form to:

MAST Service Dogs
C/O Jay Reed
1715 Cherry Court,
Lake Villa, IL. 60064

Phone: 847-772-5000 E-mail:MAST.servicedogs@gmail.com



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Practitioner's Name: _____ **Specialty:** _____

Address: _____

Telephone: _____ Fax: _____

Date of last examination: _____ Length of association with patient: _____

What is patient's primary diagnosis? _____

What other conditions/diagnoses does the patient have? _____

Prognosis for duration of impairment(s):

Prognosis for progression of impairment(s):

Prognosis for lifespan:

Medications taken on a regular basis (please list): _____

How severe is the patient's mobility impairment? (Please circle)

None _____ Needs assistive device _____ Needs full-time care _____
1 2 3 4 5

How severe is the patient's visual impairment? (M.A.S.T does not train dogs to assist visual impairment.)

None/correctible with glasses _____ Needs assistive device _____ Blind _____
1 2 3 4 5

How severe is the patient's auditory impairment? (M.A.S.T does not train dogs to assist auditory impairment.)

None _____ Needs assistive device _____ Deaf _____
1 2 3 4 5

How severe is the patient's cognitive impairment?

None _____ Often needs assistance _____ Needs full-time care _____
1 2 3 4 5



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Do limitations affect patient's ability to control his/her own behavior?

Normal		Moderate		Poor self-control
1	2	3	4	5

How effective is the patient at handling and overcoming their limitations?

Ineffective		Moderate		Very competent
1	2	3	4	5

How reliable is the patient – on time for appointments, compliant with medications, etc?

Unreliable		Moderate		Very reliable
1	2	3	4	5

To what degree do limitations affect patient's ability to perform Activities of Daily Living* (ADL):

Normal		Moderate		Totally reliant
1	2	3	4	5

* Activities of Daily Living (ADL) refers to the ability to meet personal care needs, i.e. feeding, bathing, dressing, etc., as well as the ability to perform tasks necessary for independent living, i.e., be compliant with therapy and medications, manage finances, maintain home, acquire outside services.

Cognitive and Emotional Evaluation of Patient:

	<u>Yes</u>	<u>Minimally</u>	<u>No</u>
A. Able to exercise judgment and make decisions necessary for ADL	___	___	___
B. Able to sustain attention span	___	___	___
C. Manifesting inappropriate behavior beyond his/her control	___	___	___
D. Able to control physical or motor movement sufficient to sustain ADL	___	___	___
E. Capable of perception and memory to the degree necessary to sustain ADL	___	___	___
F. Able to follow directions and learn to the degree necessary to sustain ADL	___	___	___
G. Under medication which impairs functioning	___	___	___
H. Capable of decisions about personal and others' needs and safety	___	___	___



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Is incapacity due to or affected by patient's alcoholism or drug abuse? Yes No

IF YES:

A. Has patient ever been in treatment facility? Yes No

If yes, when and duration? _____

B. Has permanent damage resulted? Yes No

C. Has patient refused treatment or referral to a treatment center? Yes No

M.A.S.T may be skilled at the following tasks:

- Manners and obedience
- Retrieve dropped articles
- Push Lifeline or 911 button
- Find and retrieve phone
- Find help
- Retrieve from refrigerator
- Push handicap buttons
- Turn lights off and on
- Open and close doors
- Enhance balance while walking
- Enhance balance while going up or down stairs
- Provide brace for transfers or getting up from floor/chair
- Assist in pulling wheelchair
- Retrieve adaptive equipment
- Carry items in mouth or backpacks
- Take items to another person
- Specialized tasks as needed by client; e.g., assist with laundry, get the mail, tug shoes or coat off

M.A.S.T dogs have good manners and basic obedience. Their job is to provide assistance with tasks and companionship. Your patient will gain control of part of their lives and receive unconditional love. Are there other ways in which you think your patient would benefit from receiving an M.A.S.T dog? If so, please describe:

Can you recommend that this patient receive an M.A.S.T dog? Yes No

Why or Why Not? _____

Do you feel that the client is capable of properly caring for a service dog? This would include the daily physical needs of the dog as well as the substantial financial commitment a service dog requires. (we estimate \$2000/ yearly) No Yes

May we contact you with questions? No Yes



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Additional Comments or Remarks: _____

Signature of physician or therapist: _____ **Date:** _____

**Mail to: MAST Service Dogs
C/O Jay Reed
1715 Cherry Court,
Lake Villa, IL. 60064
Phone: 847-772-5000
E-mail: MAST.servicedogs@gmail.com**