



**mira**

**MIRA FOUNDATION INC.**

**APPLICATION FORM  
ASSISTANCE DOG**

Insert recent  
photo here

**Reserved for office use by the Mira Foundation**

Application date \_\_\_\_\_ Application # \_\_\_\_\_

Completed by \_\_\_\_\_ Date received \_\_\_\_\_

Medical report included \_\_\_\_\_

**First name..... Last name.....**

**Address..... City.....**

**Province..... Postal Code.....**

**Telephone- home ( ) ..... Telephone- work ( ).....**

**E-mail address..... Fax.....**

**Date of birth..... Marital status..... Gender.....**

**Occupation..... Weight ..... Height.....**

***If the person identified above is a child, indicate the name and coordinates of the legal***

**Name.....**

**Relationship to applicant.....**

**Address.....**

**HEALTH AND DISABILITY QUESTIONS**

**Describe the diagnosis you have received in general and medical terms:**

.....  
.....  
.....

**When did you receive this diagnosis? .....**

**Is your condition stable or progressive? .....**

**Do you have any related conditions (diabetes, high blood pressure, etc.)?**

.....

**Do you have other health problems? If so, indicate the type. If you have any allergy, indicate what type.**

.....  
.....  
.....

**Do any of the persons that may also be living with the dog have any allergy problems? If so, indicate the nature of the allergy.**

.....  
.....

- *Do not forget to include a copy of your medical report with your application.*

**Do you use any rehabilitation services (physiotherapy, ergotherapy, neuropsychology, etc.)? Indicate the names and coordinates of the persons supplying you with these services.**

.....  
.....  
.....  
.....  
.....  
.....

**If your condition is the result of a traffic or a work accident, please provide the coordinates of your client counselor:**

**SAAQ**  
(provincial vehicle insurance plan, if applicable)

**Counselor.....**  
**Telephone.....**  
**Your file number.....**

**CSST/ Workers' Compensation**

**Counselor.....**  
**Telephone.....**  
**Your file number.....**

**Do you receive disability support payments?    YES / NO**

**Checkmark the situations which best describe your capabilities**

<b>I CAN:</b>	<b>ALWAYS</b>	<b>OFTEN</b>	<b>SOMETIMES</b>	<b>RARELY</b>	<b>NEVER</b>
Pick up an object from the floor	( )	( )	( )	( )	( )
Pick up an object from a chair	( )	( )	( )	( )	( )
Pick up an object from a table	( )	( )	( )	( )	( )
Press buttons on an elevator	( )	( )	( )	( )	( )
Open doors	( )	( )	( )	( )	( )
Propel my wheelchair for 2 minutes	( )	( )	( )	( )	( )
Transfer myself from my wheelchair to my bed on my own	( )	( )	( )	( )	( )
Lift my arms	( )	( )	( )	( )	( )
Walk	( )	( )	( )	( )	( )

**LIVING QUARTERS**

Urban setting       Single family dwelling

Residential setting

Rural setting       Apartment

Other: .....

Are you the proprietor of your dwelling? YES / NO

Are your living quarters equipped with adaptive devices to meet your needs? YES / NO

What interior and exterior adaptive devices do you have?

.....  
 .....

**FAMILIAL SURROUNDINGS**

You live:       Alone       With a partner       With one or more tenants       With your family

Please identify all persons living with you in your household. Include their names, ages and relationship to you.

.....  
 .....  
 .....  
 .....

Do all the persons living with you concur with your undertaking? YES / NO  
 If some are not in agreement with you on this, please describe their concerns:

.....  
 .....

Do you have other companion animals in your dwelling? Indicate their ages, breed type and whether neutered or not. Include all companion animals, not only dogs:

.....  
 .....

Have you ever had a dog? YES / NO Which breed?.....

**YOUR LIFESTYLE**

Indicate the number of hours per week spent on these activities:

<i>Activity</i>	<i>Self</i>	<i>Social or support worker*</i>	<i>Family/with friends</i>
Computer work:			
Television viewing:			
Listening to music:			
Reading:			
Household chores:			
Other:			

\* Family or social support or other type of paid support worker.

Identify your interests and hobbies:

.....

Please enumerate the number of weekly hours that you devote to the activities below and what means of transport do you use to get there:

Abbreviation re mode of transport    **PV**= Personal Vehicle    **PT**= Public Transit    **AT**= Adaptive Transport    **OM**= Own Means( on foot, in your wheelchair, etc.)

<i>Activity</i>	<i>Self</i>	<i>Remunerated support worker*</i>	<i>Family/with friends</i>	<i>Mode of transport</i>
Shopping				
Movies				
Restaurant/Cafés				
Bars/Clubbing				
Visiting friends				
Park visits				
Grocery shopping				
Partying				
Sports activities				
Sporting events				
Theatre/Performances				
Medical appointments				
<i>Activity</i>	<i>Self</i>	<i>Remunerated</i>	<i>Family / with</i>	<i>Mode of</i>

		<i>support worker*</i>	<i>friends</i>	<i>transport</i>
Rehabilitation				
Other				

\* Family or social support or other type of paid support worker.

**YOUR ACADEMIC / EMPLOYMENT SITUATION**

• **Employment**

Job position: .....  Part-time  Fulltime  Volunteer

Employer: .....

Summary of job description:

.....

Workplace location: .....

Describe a typical day's work schedule:

.....  
 .....

Have you discussed with your employer the possibility of having an assistive dog with you at work? YES / NO

• **Educational studies**

You study:

Via correspondence  Level : \_\_\_\_\_

Primary schooling  Hours/days per week: \_\_\_\_\_

Institution name: \_\_\_\_\_

Secondary schooling  Hours/days per week: \_\_\_\_\_

Institution name: \_\_\_\_\_

CEGEP/ Community college  Hours/days per week: \_\_\_\_\_

Institution name: \_\_\_\_\_

University  Hours/days per week: \_\_\_\_\_

Institution name: \_\_\_\_\_

Describe a typical day's schedule at school:

.....  
 .....

Have you discussed with your school director the possibility of having an assistive dog with you at school? YES / NO

Please describe your environment at work/school:

.....  
.....  
.....

**MOBILITY / WALKING AIDS**

Please checkmark the mobility aids you regularly utilize and indicate in which context you use them

Manual wheelchair:	<input type="checkbox"/>	Use: _____
Electric wheelchair:	<input type="checkbox"/>	Use: _____
3 or 4 wheeled scooter:	<input type="checkbox"/>	Use: _____
Walker:	<input type="checkbox"/>	Use: _____
Rollator:	<input type="checkbox"/>	Use: _____
Cane:	<input type="checkbox"/>	Use: _____
Crutches:	<input type="checkbox"/>	Use: _____
Other:	<input type="checkbox"/> _____	Use: _____

**EXPECTATIONS**

Do you believe that a dog can improve your autonomy in life, such as in your daily movements and in your future endeavours? If so, indicate how:

.....  
.....  
.....

If your were unable to write in order to complete this application who was your scribe?

Name: ..... Relationship to you: .....

Signature of applicant: ..... Date: .....

**We thank you for your expression of confidence in us.**