
Application for Accelerated Orientation & Mobility Training



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***Our mission is to empower people who are blind
or visually impaired with lifelong skills
for safe and independent daily travel.***

APPLICATION FOR TRAINING

PLEASE PRINT OR TYPE

HOME AND LIVING ENVIRONMENT

Date _____ Full Name _____

Maiden Name _____ Preferred Name _____

Address _____

City _____ State _____ Zip _____

County _____ How long at current address? _____

Do you anticipate a move within the next year? _____

Primary Phone _____ Secondary Phone _____

Circle one: home cell work

Circle one: home cell work

Email Address _____

What is your preferred method of corresponding with us: ☐ Telephone ☐ Email

Emergency Contact Name _____

Emergency Contact Phone _____ Relationship _____

Are you currently ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Name of Spouse/partner (if applicable) _____

Number of Children _____ Ages of Children _____

With whom do you reside? _____ How many living in home? _____

PERSONAL AND HEALTH INFORMATION

Age _____ Date of Birth _____ Gender _____ Weight _____ Height _____

Cause of Blindness _____ Age at loss of sight _____

Do you have vision in your right eye? ☐ Yes ☐ No

If yes, describe _____

Do you have vision in your left eye? ☐ Yes ☐ No

If yes, describe _____

Does your vision fluctuate? ☐ Yes ☐ No

If yes, describe _____

Do you have physical limitations such as neuropathy, balance? ☐ Yes ☐ No

If yes, describe _____

Do you have any cognitive, emotional, behavioral or psychological limitations? ☐ Yes ☐ No

If yes, describe _____

Do you see a mental health professional for emotional or psychological limitations? ☐ Yes ☐ No

If yes, provide their name, address and phone number _____

Do you have hearing loss? ☐ Yes ☐ No

If yes, describe _____

Left ear ☐ Mild ☐ Moderate ☐ Severe Right ear ☐ Mild ☐ Moderate ☐ Severe

Do you use the assistance of a caretaker/caregiver? ☐ Yes ☐ No

If yes, explain _____

Do you require assistance with your medications or medical conditions? ☐ Yes ☐ No

If yes, explain _____

Do you have any special dietary requirements? _____

If yes, please list _____

Are you: ☐ Smoker ☐ Non-Smoker ☐ Bothered by Smoke

Have you ever been convicted of a felony? ☐ Yes ☐ No

Leader Dog reserves the right to conduct a background investigation on applicants. A felony conviction does not necessarily result in denial of services, however, the nature of a felony conviction will be taken into consideration should it pose a threat to the safety of Leader Dog employees, clients, dogs and/or the general public.

EDUCATION AND EMPLOYMENT

Employment Status: ☐ Student ☐ Employed ☐ Retired ☐ Unemployed

Most recent occupation _____

If applicable, describe your work schedule _____

Are you a Veteran? ☐ Yes ☐ No If yes, which branch? _____

Years of primary education completed (*circle one*) 1 2 3 4 5 6 7 8 9 10 11 12

College Name _____ Highest Degree _____

Other special schooling or training attended _____

Are you planning further education? ☐ Yes ☐ No

If yes, when and where: _____

Do you speak and understand English? ☐ Yes ☐ No

Please indicate other languages spoken _____

TRAINING

What is your availability for training? _____

Are there any specific goals you have related to utilizing a white cane? ☐ Yes ☐ No

If yes, explain _____

Are you allergic to dogs? ☐ Yes ☐ No

Providing you are approved for training, what is your preferred format to receive lecture information? ☐ Large Print ☐ Braille ☐ CD ☐ MP3 ☐ Email

TRAVEL SKILLS AND TRAVEL ENVIRONMENT

Have you attended a vocational or rehabilitation center for the blind? ☐ Yes ☐ No

If yes, when and where did you attend? _____

Do you plan to attend a vocational or rehabilitation center for the blind? ☐ Yes ☐ No

If yes, explain _____

Do you use low vision aides? ☐ Yes ☐ No

If yes, explain _____

Have you completed or are you currently completing Orientation & Mobility training?

☐ Yes ☐ No If yes, please complete the following:

Date training was completed or expected to be completed _____

Name of agency or instructor _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

How far do you walk on a daily basis? _____

Describe your daily walking routine _____

Do you travel with a long cane? ☐ Yes ☐ No With a human guide? ☐ Yes ☐ No

Other mobility devices you use _____

How often do you walk outside independently? _____

Do you cross streets independently? ☐ Yes ☐ No

How do you determine traffic direction? _____

Does your travel area involve: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Gravel Roads |
| <input type="checkbox"/> Residential | <input type="checkbox"/> No Sidewalks | <input type="checkbox"/> Gravel Shoulder |
| <input type="checkbox"/> Country | <input type="checkbox"/> Broken Sidewalks | <input type="checkbox"/> Hard Surface w/No Shoulder or Sidewalks |
| <input type="checkbox"/> School/Campus | <input type="checkbox"/> Escalators | |

Are your traffic conditions ☐ Heavy ☐ Moderate ☐ Light

Which describes your methods of travel on a daily basis: (Check all that apply)

☐ On Foot ☐ Bus ☐ Dial-a-Ride ☐ Private Transportation ☐ Subway ☐ Cab ☐ Train

Additional information or description of areas you travel _____

GUIDE DOG EXPERIENCE

Is it your desire to utilize a guide dog in the future? ☐ Yes ☐ No

Have you previously used a guide dog? ☐ Yes ☐ No If yes, give summary of training and how many dogs you have worked with in the past, school(s) attended, and when _____

Status of current dog (if applicable) _____

Have you applied for training elsewhere? ☐ Yes ☐ No

If yes, where _____

Have you ever been denied guide dog training? ☐ Yes ☐ No

If yes, explain _____

REFERRAL SOURCE

How did you hear about Leader Dog? ☐ Agency ☐ Leader Dog Graduate

☐ Internet ☐ Medical Professional ☐ Lions Club ☐ Attended Conference

☐ Other _____

Please provide details (i.e. name of conference or agency) of your referral source _____

Did a Lions Club assist you with this application? ☐ Yes ☐ No

If yes, how did they assist? _____

Please provide the name of the assisting club and contact information so we can thank them _____

PERSONAL REFERENCES Please list below any persons to whom you are well known (not immediate family). Three references are needed. **To prevent a delay in processing, please provide up to six persons to whom you are well known.**

Name _____ **Street Address** _____

City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____

City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____

City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____

City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____

City/State/Zip _____ Phone (____) _____ E-mail _____

Name _____ Street Address _____

City/State/Zip _____ Phone (____) _____ E-mail _____

I understand that completing this form places neither myself nor Leader Dogs for the Blind under any obligation for services. This information is only intended to assist Leader Dogs for the Blind in determining my eligibility for services.

I acknowledge that the above information is true and that any falsified information may result in denial of services.

I am knowledgeable of the fact that Leader Dogs for the Blind assumes no liability in case of accident during my training period. I hereby release Leader Dogs for the Blind, its officers and employees from any such liability.

Applicant (or Guardian) Signature _____ Date _____

Witnessed by _____ Date _____