
Application for Orientation & Mobility Program

PLEASE READ AND CHECK ALL REQUIREMENTS BEFORE APPLYING

- ☐ Legally blind
- ☐ At least 16 years old
- ☐ Self-care skills including the ability to administer own medications
- ☐ Seizure/fainting free for at least six months
- ☐ Ability to walk for 30 minutes at a time, multiple times per day without experiencing any health complications
- ☐ Not dependent on a walker or wheelchair

Note: Acceptance into this program is not contingent on whether you plan on eventually training with a guide dog.

***If you require further clarification of these requirements, please contact client services at 888.777.5332 or clientservices@leaderdog.org.**

Name _____ **Date** _____



P.O. Box 5000 | Rochester Hills, Michigan 48308
888.777.5332 | 248.651.9011 | Fax: 248.601.3230
Email: clientservices@leaderdog.org | LeaderDog.org

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

Full Name _____ Preferred Pronouns _____

Maiden/Former Name(s) _____ Preferred Name _____

Address _____

City _____ State _____ Zip _____

County _____ How long at current address? _____

Do you anticipate a move within the next year? ☐ Yes ☐ No

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 Identity _____ 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? ☐ 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

If you are DeafBlind, what is your primary form of communication? _____

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? ☐ Yes ☐ No

If yes, please list _____

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

If yes, please provide details of the nature of the crime and when the conviction occurred.

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? _____

Have you ever been a First Responder? ☐ Yes ☐ No

If yes, what profession? _____

Highest level of education completed _____

College Name (if applicable) _____

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 lesson information? ☐ Large Print ☐ Braille ☐ CD ☐ MP3 ☐ Email

O&M PROGRAM TRAINING OPTIONS

We understand that the amount of prior Orientation and Mobility training that applicants have received can differ significantly. We offer a variety of training options that can be tailored to meet your needs. Please indicate options you would be interested in (check all that apply).

- ☐ **INTRODUCTION TO O&M:** Ideal for individuals who have received little to no training or have never travelled with a cane before.
 - ☐ **O&M BRUSH-UP:** Ideal for individuals who have had formal training in the past and wish to increase or refresh their independent travel skills.
 - ☐ **GUIDE DOG READINESS:** Ideal for individuals who want to learn more about the O&M skills required to successfully work with a guide dog. *This class does not guarantee acceptance into guide dog training.
 - ☐ **ADVANCED O&M:** Ideal for individuals who are seeking to travel more confidently in complex environments or travel in unfamiliar environments.
 - ☐ **YOUTH O&M:** Ideal for individuals 16 to 17 years old with the help of a supporter (i.e. family member) who are seeking to learn more about blindness, setting O&M goals and improving O&M skills in traditional training environments.
 - ☐ **IN-HOME DELIVERY:** A Certified O&M Specialist provides one-on-one instruction in the client's home environment. Training is up to 5 days.
 - ☐ **T.O.M. TALKS:** Ideal for individuals who have advanced O&M skills who are seeking to incorporate GPS into their travel.
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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 _____

On average, how far do you walk on a daily basis? _____

Please describe any routes that you currently travel independently, including your starting point and your destination. (For example: I walk from my home to the grocery store one mile away. It takes me 15 minutes to get there, and I cross 2 intersections.)

Route 1: _____

Route 2: _____

Route 3: _____

Other routes or destinations: _____

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 ☐ Paratransit ☐ 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) _____

We are able to accommodate clients who would like to bring their working guide dog with them to class on a limited basis. All visiting dogs must meet the vaccination requirements set by the Leader Dog veterinarian team. If the guide dog was trained by a school other than Leader Dog a reference from this school will be required as part of the application process.

Is it your desire to bring your working guide dog with you? ☐ Yes ☐ No

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?

- ☐ I am a returning client ☐ From a Leader Dog Graduate
- ☐ Internet ☐ Medical Professional ☐ Lions Club ☐ Attended Conference
- ☐ Agency ☐ Leader Dog Representative ☐ Leader Dog Social Media
- ☐ Leader Dog Webinar/Virtual Event ☐ 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 _____ **Relationship** _____

Phone (____) _____ E-mail _____

Name _____ **Relationship** _____

Phone (____) _____ E-mail _____

Name _____ **Relationship** _____

Phone (____) _____ E-mail _____

Name _____ **Relationship** _____

Phone (____) _____ E-mail _____

Name _____ **Relationship** _____

Phone (____) _____ E-mail _____

Name _____ **Relationship** _____

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 _____