



# Request for an assistance dog

## When completing this form:

1. **Read and refer** to the **Rehabilitation Appliances Program (RAP) – National Guideline – Assistance Dogs** available at <https://www.dva.gov.au/providers/rehabilitation-appliances-program-rap/rap-national-guidelines>

**Clients who do not meet the eligibility, stability and suitability criteria detailed in these guidelines will not be considered for an assistance dog through DVA.**

2. **Have the client with you to:**

- clarify any questions you may have about the client's health and living arrangements.
- complete the **World Health Organisation Disability Assessment Schedule (WHODAS)** at the end of this form (for psychiatric assistance dog requests only).

Assistance dog type	Prescribing health providers	Eligible clients must:	Supporting documentation
Psychiatric	<ul style="list-style-type: none"> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Mental Health Social Worker</li> <li>• Mental Health Occupational Therapist</li> </ul>	<ul style="list-style-type: none"> <li>• have an accepted condition or diagnosis of post-traumatic stress disorder (PTSD) from a psychiatrist;</li> <li>• be undergoing treatment with a psychiatrist or psychologist for PTSD for at least 3 months; and</li> <li>• be assessed as clinically stable and suitable for the supply of a psychiatric assistance dog.</li> </ul>	<ul style="list-style-type: none"> <li>• WHODAS</li> <li>• PTSD diagnosis by a psychiatrist if DVA has not accepted the condition</li> </ul>
Guide	<ul style="list-style-type: none"> <li>• A low vision clinic</li> <li>• Appropriate specialist</li> </ul>	<ul style="list-style-type: none"> <li>• have a medically assessed need due to a war caused injury or disease/condition.</li> <li>• be assessed as stable and suitable for the supply of an assistance dog.</li> </ul>	
Hearing	<ul style="list-style-type: none"> <li>• Audiologist</li> <li>• Occupational Therapist</li> <li>• Audiometrist</li> <li>• Appropriate specialist</li> </ul>		
Mobility/Service	<ul style="list-style-type: none"> <li>• Occupational Therapist</li> <li>• Appropriate specialist</li> </ul>		
All	<ul style="list-style-type: none"> <li>• Hold a Veteran Gold or White Card</li> </ul> <p><b>For the purpose of an assistance dog, stability and suitability means the client has:</b></p> <ul style="list-style-type: none"> <li>• in place stable and appropriate living arrangements to house an assistance dog</li> <li>• the ability to train and care for an assistance dog</li> <li>• support networks who can assist if necessary</li> <li>• no history of perpetrating domestic violence or history of animal abuse, this includes all members of the household</li> <li>• not been admitted to hospital for suicide attempt/s or self-harm behaviour in the last 12 months; and</li> <li>• not misused drugs or alcohol in the last 12 months (as far as the assessing health provider is aware).</li> </ul>	<p><b>If appropriate:</b></p> <ul style="list-style-type: none"> <li>• Agreement from management of the client's residential facility (template at <a href="http://www.dva.gov.au/dogs">www.dva.gov.au/dogs</a>)</li> <li>• Confirmation of the client's support network</li> <li>• Confirmation of client's Australian Defence Force (ADF) discharge date (only if currently serving)</li> <li>• Confirmation of current assistance dog retirement date</li> <li>• Supporting documentation e.g. client's Rehabilitation Plan, attendance at support groups or hospital</li> <li>• GP letter confirming allergies to dogs</li> </ul>	

**Privacy notice** – Personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

**Part A****Assessing health provider details****1 Referrer's name****2 Referrer type**

(Check RAP National Guidelines on Assistance Dogs or the RAP Schedule)

 Psychiatrist Psychologist MH OT MH Social Worker OT Audiologist Audiometrist Low vision clinic Specialist - please specify**3 Referrer's provider number****4 Name of referrer's practice/  
facility****5 Address**  

POSTCODE

**6 Contact number**[  ]

Mobile

**7 Email****Part B****Client's current/ongoing health provider**

(Psychiatrist or psychologist for psychiatric assistance dog applications)

**8 Provider name****9 Provider address**  

POSTCODE

**10 Provider number****11 Contact number**[  ]

Mobile

**Part C****Client's details****12 DVA file number****13 Surname****14 Given name(s)****15 Date of birth** /  / **16 Client's address**  

POSTCODE

**17 Veteran Card type** Gold White





**Part H****Client's suitability**

**Note:** Please complete the following questions based on your clinical opinion of the client and to the best of your knowledge.

**29 Is the client's living accommodation suitable for an assistance dog to live with them full time?** No  Yes

**Note:** DVA does not fund home modifications required to accommodate an assistance dog e.g. new or replacement fences.

**30 Does the client have a support person who lives with or close by who would agree to provide ongoing assistance to the client if and when required?** No  Yes

**31 In your clinical opinion, does the client have the emotional resilience to commit to the regular and intensive training that will be required as part of the program?** No  Yes

**32 In your clinical opinion, does the client have the emotional resilience to commit to the ongoing care of an assistance dog?** No  Yes

**33 Does the client have a history of perpetrating domestic violence?** No  Yes

**34 Does the client have a history of animal abuse?** No  Yes

**35 Do other members of the client's household have a history of perpetrating domestic violence?** No  Yes

**36 Do other members of the client's household have a history of animal abuse?** No  Yes

**37 Has the client been admitted to hospital for suicide attempt(s) or self-harm behaviour in the last 12 months?** No  Yes

If 'Yes' please provide clinical justification for client's emotional stability to undertake the program.

**38 Has the client misused drugs or alcohol in the last 12 months?** No  Yes

If 'Yes' please provide clinical justification for client's emotional stability to undertake the program.

**39 In your opinion does the client understand the commitment and responsibilities involved to properly care for the assistance dog?** No  Yes

**40 In your opinion does the client understand and has consented to actively participate in the training of the assistance dog?** No  Yes

**41 Can the client walk a dog for at least 10 minutes several times a day, without a significant risk of falling?** No  Yes

**42 Does the client understand the contracted dog providers have access to a limited range of dog breeds, typically Labradors and Golden Retrievers?** No  Yes

**43 Does the client, their support person or anyone in their household have allergies that may impact the type of dog they require?** No  Yes

If 'Yes' please provide supporting documentation from the allergy sufferer's GP.

**44 Does the client understand DVA does not pay for or assist with training of a client's existing dog?** No  Yes

**45 Provide any additional information to support the questions above OR attach as supporting documentation and tick here**


**Part I****Non-DVA assistance dogs**

**Note:** Only complete this Part when the client has a non-DVA provided assistance dog.

**46 Does the client currently have an assistance dog or an assistance dog in training?** No  Yes

**47 Does the client understand DVA only permits clients to have one assistance dog at a time and the current assistance dog will need to be returned, surrendered or retired to be eligible for a DVA provided assistance dog?** No  Yes

**Part J****Replacing a retiring assistance dog**

**Note:** Only complete this Part when the client is seeking a replacement for a retiring assistance dog.

**48 Is the client's assistance dog coming up for retirement?** No  Yes  ► Provide the proposed retirement date

Proof of retirement date document attached   
(Please provide documentation from the current assistance dog provider or the dog's vet confirming this retirement date.)

**49 Was the client's assistance dog provided by DVA?** No  Yes  ► Who was the provider?

Smart Pups

Dogs for Life

Integra

RSB - SA

**Part K****Assessing health provider's declaration**

**50 Assessing health provider's declaration**

- I declare that I am the assessing health provider named in this request and the information I have given is true and correct.
- I understand that I need to notify DVA if the client's situation changes and I believe they are no longer able to provide a stable and suitable environment for the assistance dog.
- If the client changes health provider I will inform the new health provider of this requirement.
- The client meets the eligibility criteria for an assistance dog.
- All relevant sections of this application form have been completed.
- I have attached all supporting documentation required to support this application

**Assessing health provider's signature**

Date



**Remember to attach all of the supporting documentation referenced in this form.**

- Q18 - *If the client is currently serving in the ADF provide supporting documentation of their discharge date or their prior approval from the ADF.*
- Q20 - *If the client lives in an aged care home/retirement village/lifestyle park, a letter from the property managers with an in-principle agreement to accommodate the assistance dog.*
- Part F - *For psychiatric assistance dog requests only, the 12 question WHODAS assessment (see next page)*
- Q23 - *For psychiatric assistance dog requests only, confirmation of diagnosis of PTSD from a psychiatrist (if applicable)*
- Q37 - *If the client has been admitted to hospital for suicide attempt(s) or self harm, provide supporting documentation if appropriate*
- Q38 - *If the client has misused drugs or alcohol, provide supporting documentation if appropriate*
- Q43 - *If the client, their support person or anyone in their household has an allergy to dogs, provide supporting documentation from the allergy sufferer's GP*
- Q48 - *If the client is seeking a replacement for a retiring assistance dog, provide documentation from the current assistance dog provider or the dog's vet confirming the retirement date.*

Send the completed form and supporting documentation to DVA, via email (preferred)

[Assistance.Dogs.Requests@dva.gov.au](mailto:Assistance.Dogs.Requests@dva.gov.au)

Or post to:

**Department of Veterans' Affairs**  
**GPO Box 9998**  
**Brisbane QLD 4001**

Provider Hotline: **1800 550 457** – choose Option 1 for Aids & Appliances provided under the RAP.

**To be completed for psychiatric assistance dog requests ONLY.**

# WHODAS 2.0

**World Health Organization Disability Assessment Schedule 2.0**

## 12-item version, self administered

This questionnaire asks about **difficulties due to health conditions**. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems and problems with alcohol or drugs.

Think back over the **past 30 days** and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please tick only **one** response.

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S1	<b>Standing</b> for long periods such as <b>30 minutes</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2	Taking care of your <b>household responsibilities</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S3	<b>Learning a new task</b> , for example, learning how to get to a new place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S4	How much of a problem did you have <b>joining in community activities</b> , (for example, festivities, religious or other activities) in the same way as anyone else can?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S5	How much have <b>you</b> been <b>emotionally affected</b> by your health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S6	<b>Concentrating</b> on doing something for <b>10 minutes</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S7	<b>Walking a long distance</b> such as a <b>kilometre</b> (or equivalent)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8	<b>Washing</b> your whole <b>body</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S9	Getting <b>dressed</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S10	<b>Dealing</b> with people <b>you do not know</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S11	Maintaining a <b>friendship</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S12	Your day-to-day <b>work</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Record number of days
H1	Overall, in the past 30 days, <b>how many days</b> were these difficulties present?	
H2	In the past 30 days, for how many days were you <b>totally unable</b> to carry out your usual activities or work because of any health condition?	
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <b>cut back or reduce</b> your usual activities or work because of any health condition?	

This completes the questionnaire. Thank you.