



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

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.

Go to www.dva.gov.au/privacy for more information about 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 C *Client's details continued...*

18 Is the client a serving member of the ADF?

No Yes ▶ Date of planned discharge

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OR

Prior approval granted by ADF
Documentation detailing discharge or ADF approval attached

Note: Unless discharging, serving members must seek prior approval from the ADF.

Visit www.dva.gov.au/dogs

19 Does the client live in an Aged Care Home, Retirement Village or Lifestyle Park?

No Yes ▶ The property manager will need to provide a letter of an in-principle agreement to accommodate the assistance dog. A template letter is provided at www.dva.gov.au/dogs

Part D **Type of assistance dog**

20 Type of assistance dog being requested

Guide dog
Hearing dog ▶ **Go to Part E**
Mobility/Service dog
Psychiatric assistance dog ▶ **Go to Part F**

Part E **Client's eligibility for a guide, hearing or mobility/service dog**

21 Provide details of the client's war caused injury disease/condition and then *Go to Part G* (you do not need to complete Part F)

▶ **Go to Part G**

Part F	Client's eligibility for a psychiatric assistance dog
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- 22 Is the client's diagnosis of PTSD:** Accepted condition on DVA file, **OR**
 Confirmation of diagnosis of PTSD from a psychiatrist is **attached**
- 23 Is the client undergoing treatment for PTSD with a suitably qualified health provider?** No Yes ▶ Please provide contact details of treating psychiatrist or psychologist at Part B.
- 24 Has treatment been in place for 3 months or more?** No Yes
- Note:** A psychiatric assistance dog is an adjunct to treatment. DVA strongly encourages clients to maintain regular contact with their treating mental health professional while they have the assistance dog. This will ensure clients are well supported and able to address concerns as they arise and reach their clinical recovery goals.
- 25 Have you explained to the client the psychiatric assistance dog complements their treatment and do they understand and agree to maintain contact and treatment with you while they have an assistance dog?** No Yes
- 26 Does the client understand that they will be asked by DVA to complete the 12 question WHODAS 2.0 electronically after their 3, 6, 12 and 24 month milestone to help DVA monitor outcomes of the Psychiatric Assistance Dog Program?** No Yes

Part G	Client's clinical goals
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27 Provide details of the client's clinical goals and how the assistance dog will assist the client achieve their therapeutic goals

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.

28 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.

29 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

30 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

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

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

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

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

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

36 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.

37 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.

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

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

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

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

42 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.

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

44 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.

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

46 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.

47 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.)

48 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**

49 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.*
- Q19 - *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)*
- Q22 - *For psychiatric assistance dog requests only, confirmation of diagnosis of PTSD from a psychiatrist (if applicable)*
- Q36 - *If the client has been admitted to hospital for suicide attempt(s) or self harm, provide supporting documentation if appropriate*
- Q37 - *If the client has misused drugs or alcohol, provide supporting documentation if appropriate*
- Q42 - *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*
- Q47 - *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

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	Standing for long periods such as 30 minutes ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S2	Taking care of your household responsibilities ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S3	Learning a new task , 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 joining in community activities , (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 you been emotionally affected by your health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S6	Concentrating on doing something for 10 minutes ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S7	Walking a long distance such as a kilometre (or equivalent)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S8	Washing your whole body ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S9	Getting dressed ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S10	Dealing with people you do not know ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S11	Maintaining a friendship ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S12	Your day-to-day work ?	<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, how many days were these difficulties present?	
H2	In the past 30 days, for how many days were you totally unable 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 cut back or reduce your usual activities or work because of any health condition?	

This completes the questionnaire. Thank you.