

# HEARING DOG APPLICATION

Thank you for considering The Sam Simon Foundation for a Hearing Dog. We're grateful for your interest in our program. Our application process is designed to help us understand your unique needs and lifestyle. This ensures we can determine the best possible match for you and our dogs.

Our Hearing Dogs are placed with residents of California. However, we will consider applications from Oregon and Washington. There are no fees associated with our program. If approved, you may be placed on our waiting list until a suitable dog becomes available. Wait times vary, with larger dogs often matched sooner than smaller or hypoallergenic dogs.

To complete your application, please print the forms, fill them out by hand, and mail to:

The Sam Simon Foundation  
30765 Pacific Coast Highway, #113  
Malibu, CA 90265.

We appreciate your interest in our program and will carefully review your application.

*Completing this application does not guarantee we can place a dog with you; however, every application Our full consideration is given, and all decisions are provided with an explanation.*

***ALL INFORMATION YOU SHARE WILL BE KEPT CONFIDENTIAL***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address:

Mailing Address (if different):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Video Relay Phone: \_\_\_\_\_

Text only Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Who is completing this application?

- ☐ Applicant or Recipient  
☐ Someone other than the applicant

Best method(s) of communication?

- ☐ Phone \_\_\_\_\_
- ☐ Email \_\_\_\_\_
- ☐ Relay \_\_\_\_\_

How do you communicate on the phone?

- ☐ Hear on the phone
- ☐ VCO
- ☐ Text
- ☐ Video Call

How do you communicate in person? Check all that apply.

- ☐ Read lip
- ☐ Read lip, some/ a little
- ☐ Sign language
- ☐ Sign language, some/ a little
- ☐ Voice
- ☐ Voice some/ a little

Emergency Contact (Name and phone number of a family member or close friend):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

I live in a:

- |   |  |
|---|--|
| <input type="checkbox"/> House            | <input type="checkbox"/> Retirement Facility |
| <input type="checkbox"/> Apartment/ Condo | <input type="checkbox"/> Mobile Home         |
| <input type="checkbox"/> Duplex           | <input type="checkbox"/> Rent a room         |

If you live in an apartment or condo, what floor do you live on? \_\_\_\_\_

Do you rent or own your own home? ☐ Rent ☐ Own

If you rent:

Name of Complex \_\_\_\_\_

Landlord's name \_\_\_\_\_

Landlord's phone number(s) \_\_\_\_\_

Landlord's address \_\_\_\_\_

\_\_\_\_\_

Describe the home environment and where the dog would live. (example: size, number of rooms, upstairs, Downstairs, noisy, cluttered, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a yard? ☐ Yes ☐ No

Is your yard fenced? ☐ Yes ☐ No

If your yard is fenced, what are the dimensions? (If you have a yard that is not fenced, but can be fenced, we may ask that you do this as a condition of acceptance)

Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Could a cat escape through or under your fence? ☐ Yes ☐ No

Please describe the type of fencing. (example: chain link, wood, cement, and the size of all gaps).

---

---

---

**\*\*If you have a yard that is not fenced, but can be fenced, we may ask that you do this as a condition of acceptance.**

## SOUND AWARENESS

Hearing Dogs are trained to alert you to sounds in your home and in some workplaces. They can also be trained to specific sounds, such as the door knock or alarm clock in hotels. They do not provide this same awareness in public situations such as the mall or grocery store. In these situations, a Hearing Dog is naturally attentive to environmental sounds, and it becomes the responsibility of the deaf or hard-of-hearing partner to watch where their dog's attention goes to be aware of those sounds.

I need a Hearing Dog to alert me to the following sounds in my home:

- |   |   |
|---|---|
| <input type="checkbox"/> Fire/Smoke alarm     | <input type="checkbox"/> Alarm Clock          |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Doorbell/ Door knock |
| <input type="checkbox"/> Cellphone            | <input type="checkbox"/> My name being called |
| <input type="checkbox"/> Oven timer           | <input type="checkbox"/> Baby's cry           |
|   | <input type="checkbox"/> Other: _____         |

Do you wear hearing aids? ☐ Yes ☐ No

If yes, when do you take them out? \_\_\_\_\_

Do you have a cochlear implant? ☐ Yes ☐ No

If so, when do you remove the unit? \_\_\_\_\_

If no, do you plan to have a cochlear implant, and if so, when? \_\_\_\_\_

---

---

---

---

---

- ☐ To be a guard dog.
- ☐ To alert me to sounds in public places.
- ☐ To pull me out of the way of oncoming traffic.
- ☐ I understand it is my responsibility to pay attention to my dog's reaction to sounds while in public, making me more aware of my surroundings.

Date of birth:        /        /        Age:        Height:        Weight:         
 Month Day Year

☐ Single                      ☐ Separated  
☐ Married                    ☐ Widowed

If you have children, how many and what ages? \_\_\_\_\_

If you have children, how comfortable are they around dogs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# WORK/SCHOOL

Do you work outside the home? ☐ Yes ☐ No

If yes, do you plan to take your dog to work with you? ☐ Yes ☐ No

If yes, please describe the environment at work and where your dog will be while you are working:

---

---

---

---

---

What does your supervisor say about you bringing your Hearing Dog to work? Are they supportive?

---

---

---

If you attend school, will you be taking your Hearing Dog to class with you?

- ☐ Yes  
☐ No

If yes, what is your field of study, and what is your class schedule?

---

---

---

---

---

If you do not plan to take your dog to work or school with you, where will your dog be while you are gone?

---

---

---

# DOG EXPERIENCE

Have you ever had dogs before? ☐ Yes ☐ No

If yes, what kind(s) and when did you last own a dog(s)?

---

---

---

---

How long did you have each of your dogs?

---

---

---

---

Describe some regular activities that you did with your previous dog(s)

---

---

---

---

---

What is your idea of a good exercise routine for a dog? How many minutes each day can/will you spend helping your dog exercise?

---

---

---

Do you have any other pets in the home? ☐ Yes ☐ No

If yes, what kind, how many, and are they used to being around dogs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check all that apply:

- |                               |                                      |   |
|-------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Like | <input type="checkbox"/> Do not like | To play with dogs                           |
| <input type="checkbox"/> Like | <input type="checkbox"/> Do not like | When dogs lick me                           |
| <input type="checkbox"/> Like | <input type="checkbox"/> Do not like | To take dogs for a walk                     |
| <input type="checkbox"/> Like | <input type="checkbox"/> Do not like | A dog following me around the house all day |
| <input type="checkbox"/> Want | <input type="checkbox"/> Do not want | A to have access to my entire house         |
| <input type="checkbox"/> Mind | <input type="checkbox"/> Do not mind | A dog on the furniture                      |

Comments on any of the above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIZE of DOG

Is there any size/breed of dog you do NOT want? \_\_\_\_\_

I understand I need to be able to

- |   |  |
|---|--|
| <input type="checkbox"/> Lift my dog into a car | <input type="checkbox"/> Have a dog jump or ‘paw’ me.        |
| <input type="checkbox"/> Walk my dog on a leash | <input type="checkbox"/> Keep control of my dog at all times |

I understand most Hearing Dogs are between 15 and 80 lbs. I have enough strength to handle a dog that weighs (*pick one*):

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 15-25 lbs. | <input type="checkbox"/> Greater than 45 lbs. up to 70 lbs. |
| <input type="checkbox"/> 25-45 lbs. | <input type="checkbox"/> I am happy with any size           |

## OTHER DOGS IN THE HOME

*The Sam Simon Foundation Assistance Dogs Program does not place Hearing Dog in homes with other dogs. The distraction has proven to be too difficult for the Hearing Dog. Other pets such as cats and birds are acceptable, if the other pets are not aggressive towards dogs.*

Do you live with other dog(s) now? ☐ Yes ☐ No

If yes, please provide the following information for each dog: Breed, Age, Primary Owner, Indoor/Outdoor.

---

---

---

What is your idea of a good exercise routine for a dog? How many minutes each day can/will you spend helping your dog exercise?

---

---

---

## HEALTH AND FITNESS

Check all medical conditions that apply to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Arthritis                   | <input type="checkbox"/> Heart Disease               |
| <input type="checkbox"/> Asthma                      | <input type="checkbox"/> Seizures/fainting spells    |
| <input type="checkbox"/> Alcohol and drug dependency | <input type="checkbox"/> High blood pressure         |
| <input type="checkbox"/> Allergies (list below)      | <input type="checkbox"/> Low energy/ Chronic fatigue |
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Vision Loss                 |
| <input type="checkbox"/> Dizziness/ Loss of balance  | <input type="checkbox"/> None of these apply         |

List all allergies: \_\_\_\_\_

List any medical conditions not listed above: \_\_\_\_\_

---

---



I can get up and down from a chair      ☐ Yes      ☐ No

I get out of bed daily      ☐ Yes      ☐ No

Comments on mobility:

---

---

I have a problem with my balance      ☐ Yes      ☐ No

I am able to have a large dog jumping on me      ☐ Yes      ☐ No

I am able to have a large dog pulling on its leash      ☐ Yes      ☐ No

Comments on balance:

---

---

---

I have restricted use of my arms or hands      ☐ Yes      ☐ No

Comments on use of arms or hands: \_\_\_\_\_

---

---

I use a wheelchair      ☐ Yes      ☐ No

Comments on wheelchair use: \_\_\_\_\_

---

---

I use other mobility aids      ☐ Yes      ☐ No

If you use mobility aids, please list all and provide any additional comments: \_\_\_\_\_

---

---

I require the assistance of an aide or family member for daily living skills ☐ Yes ☐ No

Please detail what type of care you receive:

---

---

---

List all medical doctors/health care providers, and their specialties, that currently treat you:

---

---

---

# FAMILY ASSISTANCE

*For a Hearing Dog to be successfully placed with you, everyone living in your home must like dogs and be happy living with a dog. They must be willing and able to support you have a dog and assist with the care of your dog when you are unable to do so.*

I have talked with everyone I live with about getting a Hearing Dog. They support my decision to apply for a Hearing Dog.

- ☐ Yes  
☐ No

If no, comments: \_\_\_\_\_

I have talked with everyone I live with about their willingness to support a dog working for me. Everyone I live with (including caregivers) agrees they will assist me with the care of my dog when I am unable to do so.

- ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

People living in my home like dogs. ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

People living in my home are afraid of dogs. ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Who will take care of your dog if you are temporarily unable to do so? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all other people living in your home

NAME	AGE	RELATIONSHIP TO YOU	ANY PHYISCAL/ EMOTIONAL CHALLENGES	WORK/SCHOOL SCHEDULE

List all other people who visit your home frequently:

NAME	AGE	RELATIONSHIP TO YOU	ANY PHYISCAL/ EMOTIONAL CHALLENGES	HOW OFTEN THEY VISIT

## CERTIFIED HEARING DOG IN PUBLIC

- ☐ I plan to take my dog into public places at least 3 times a week.
- ☐ I do NOT plan to take my dog into public places at least 3 times a week.
- ☐ I work (or attend school) in an environment that is safe and comfortable for a dog, and I will be taking my dog with me and will need my dog to alert me to sounds there.
- ☐ I work (or attend school), but I do NOT want to take a dog with me.

If you do not take your dog with you to work (or school), how will your dog be cared for while you are there?

---

---

---

If you need to leave your Hearing Dog home alone on occasion, who will be available to care for your dog (take out to relieve himself and for exercise?)

---

---

---

## NEEDS & EXPECTATIONS

Describe a typical day for you (weekends and weekdays)

---

---

---

---

---

What are your concerns regarding adopting a Hearing Dog?

---

---

---

- ☐ I understand that Hearing Dogs are chosen for their people-friendly manners and that they are not trained to be guard dogs.
- ☐ I understand that a Hearing Dog is certified to accompany me in public places such as restaurants, doctors' offices, and stores.
- ☐ I understand that a Hearing Dog cannot be helpful for me unless he/she is with me most of the time.

Comments/Concerns: \_\_\_\_\_

---



---



---

## FINANCIAL

*Our trained Hearing Dogs are provided to you free of charge, but you are solely responsible for all costs of keeping your dog fed, healthy and working for you.*

*Normal, on-going costs for a Hearing Dog include, but are not limited to: dog food, toys and treats for training rewards, regular vet check-ups, and sometimes emergency vet treatments, and grooming. We estimate the yearly cost of having a dog to be approximately **\$1,000.00 annually**. **We do not recommend you apply for a Hearing Dog if it will be a financial hardship.***

- ☐ I understand that I am fully responsible for the cost of caring of the dog after it comes to live with me.
- ☐ I expect to, and am able to, pay for all veterinary expenses.
- ☐ I understand that to keep a Hearing Dog working, I will need to buy pet supplies such as toys and treats on an ongoing basis.
- ☐ I understand that I need to feed my Hearing Dog a high quality dog food.

How will you pay for the needs of a Hearing Dog? (choose one) & (fill in the blanks):

- ☐ I can afford to pay whatever it costs to keep my dog healthy and working for me.
- ☐ I can afford to pay up to \$\_\_\_\_\_. If this is not enough, I have a family member willing to provide financial support. Name of family member: \_\_\_\_\_.
- ☐ I can only afford to pay up to \$ \_\_\_\_\_. I do not have a family member able to provide financial support.

**In the event of an Extreme Veterinary Emergency Expense:**

I will take care of the bill myself:

- ☐ Yes
- ☐ No

I will be able to get financial help from friends/family:

- ☐ Yes
- ☐ No

I will need special financial assistance:

- ☐ Yes
- ☐ No

My source of income is: \_\_\_\_\_

## **ABOUT YOURSELF**

What is the best experience you can remember having with a dog?

---

---

---

---

---

What is the worst experience you can remember having with a dog?

---

---

---

---

---

How do you expect a Hearing Dog to help you?

---

---

---

---

List five words that you would use to describe yourself:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you ever applied for a Hearing Dog before?      ☐ Yes      ☐ No

If yes, from whom and what was the decision? \_\_\_\_\_

---

---

---

Have you ever received a Hearing Dog from another organization before?

- ☐ Yes
- ☐ No

If yes, when and from whom? \_\_\_\_\_

---

---

If you have had a Hearing Dog from another organization before, why are you applying for one from The Sam Simon Foundation?

---

---

---



How did you hear about The Sam Simon Foundation?

Have you, or anyone living in your home, ever been convicted of a felony?

☐ Yes

☐ No

If yes, who, when, and what was the felony? \_\_\_\_\_

I hereby declare all information in this application to be truthful:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years of age, Legal Guardian's Signature:

\_\_\_\_\_

If a Conservator or Guardian has been assigned, please sign here.

\_\_\_\_\_

*If the person filling out the application is other than the applicant, please give name and explain why:*

\_\_\_\_\_

**Please mail:**

- ✓ Completed Hearing Dog application
- ✓ Signed liability release form

**The Sam Simon Foundation, 30765 Pacific Coast Highway, #113, Malibu, CA 90265**

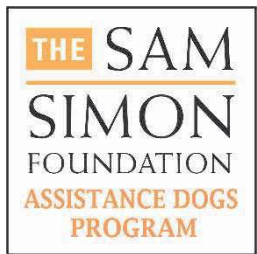
***The Sam Simon Foundation considers all applicants and  
does not discriminate for any legally protected status.***



## **Statement of Client Rights**

Thank you for taking the time to read through your rights below before beginning the application process with us. Please understand that these rights in no way imply acceptance to our wait list. As an applicant for either a Service or Hearing Dog from The Sam Simon Foundation Assistance Dogs Program, you can expect the following from us:

- The right to be considered for placement of an Assistance Dog regardless of race, sex, religion, creed, age, color, sexual orientation, marital status, disability or national origin.
- The right to privacy and confidentiality with regard to any personal documents or information shared with us unless expressly given permission otherwise.
- The right to be treated respectfully and with dignity by all members of The Sam Simon Foundation staff.
- The right to be educated on the role as a handler of an Assistance Dog in the home and in public settings.
- The right to appropriate training and support as a recipient of an Assistance Dog both in the home and in public settings.
- The right to follow-up support and scheduled team evaluations throughout the life of the team.
- The right to a dog that has been evaluated, health screened and trained according to the standards set forth by Assistance Dogs International (ADI).
- The right to ask for assistance with any behavioral management problem, major medical issue, or additional training for the dog if within the scope of the services offered by The Sam Simon Foundation.
- The right to leave the process at any time for any reason
- The right to file a complaint or grievance without interference or fear of retaliation.
- The right to request a copy of our Client Complaint Policy.



## RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY

In consideration for engaging in the services being offered by, including dogs under the ownership and care of, **The Sam Simon Charitable Foundation** ("SSF"), the undersigned client, for himself/herself, his/her heirs and representatives, and, where appropriate, on behalf of his/her minor child or children, voluntarily and knowingly executes this Release of Liability and Agreement to Indemnify, and expressly waives any and all rights, claims and causes of action he or she may have against SSF, including, without limitation, those involving bodily injury or property damage, incurred the client, any member of the client's family and, where appropriate, minor child or children, while the client is engaged, directly or indirectly, with dogs during participation in an in-home interview, visiting a training site, and/or training with a dog at any location, including the client's home.

The client hereby agrees to indemnify, defend and hold harmless SSF, its employees, volunteers, officers, directors, trustees and shareholders, from any and all liability, damage, loss, cost and expense, including, but not limited to, attorneys' fees, incurred as a result of any claim, demand, or cause of action brought against SSF, jointly or separately, for bodily injury or property damage, and assumes all risks arising from participation in any activity involving a dog at any location during the interview process, training, advice, demonstration, or otherwise, and any activity related to helping SSF.

The client further expressly waives any and all rights and benefits conferred upon him or her by the provisions of Section 1542, or any equivalent statute or law. Said Section provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

This Release of Liability and Agreement to Indemnify is executed without any reliance upon any representation by SSF, or any person purportedly acting on behalf of SSF, and the client has carefully read and understands the contents hereof and executes the same as his or her own free act.

In the event any of the terms, conditions, and/or covenants hereof are held to be invalid or unenforceable, such invalidity or unenforceability shall not affect any of the other terms, conditions, and/or covenants contained herein which shall remain in full force and effect.

\_\_\_\_\_, 20\_\_ at \_\_\_\_\_

\_\_\_\_\_

Signature of Client individually and, where appropriate, as Parent/Guardian