Application for Service Dog

Our local not-for profit Children's Miracle Network Hospital Chapter was established in 1987 with a mission to generate funds and create awareness programs benefitting children, birth to 21 years of age. Through national partnerships and community donations, children and families referred by Freeman Health System physicians receive assistance with medical needs such as prescriptions, medical equipment and transportation expenses. Freeman departments such as Maternal Child, NICU, Birthing Center and Pediatrics receive financial support for pediatric equipment, medical supplies, educational programs and more. One hundred percent of every dollar raised stays local, with donations being used to help children and their families in our fourteen county service area.

To determine eligibility for the service dog program, please provide the following documentation with your completed application:

- A prescription from a Freeman physician
- A medical letter of necessity
- An insurance denial of assistance letter
- Two reference forms
- Proof of residency

Applicant Statement:

I understand that assistance will be determined based on need. The information I have provided is to the best of my knowledge. Children's Miracle Network Hospitals has my permission to contact all parties involved in order to determine need. I understand that, by providing incorrect or false information, I may lose access to further assistance from Children's Miracle Network Hospitals in the future, as well as disqualification from the Service Dog Program.

Release of Information:

I, ______________________________________, consent and request you to supply Children's Miracle Network Hospitals any medical or personal information you may have of me or my child.

This information is part of the necessary data required to complete my application for assistance in obtaining a service dog. It will enable Children's Miracle Network Hospitals to determine my child's eligibility for services.

Signature of Parent/Legal Guardian: ____

Date: __________________________ Printed Name: ____________________________________

Address: ____

Child's Printed Name: ______________________________ DOB: _________________________

Service Dog Application: **Date:** _______________

Patient Information:

Child's Name: ____ DOB: _______________________________

Address: ____

Does the child live at home with you? ________________________

If not, please explain: ____

____

Please explain the child's need for the service animal, (e.g. mobility assistance, wandering, seizures, etc.)

____

____

Diagnosis: ____ Date of Diagnosis: ____________________

Any secondary diagnosis?

____

Does the child have special restrictions or precautions? ____

Explain: ____

What type of medical treatment do they currently receive?

____

____

Are they currently taking any medications? If so, please list and explain:

____

____

Does your child use any medical adaptive equipment? (e.g. wheelchair, hearing aids, etc.)

____

Pediatrician and/or Referring Physician: ________________________________ Phone: _________________

Case Manager: _____________________________________ Phone: __________________________________

Occupational Therapist: _____________________________Phone: __________________________________

Physical Therapist: _________________________________ Phone: __________________________________

Other health care providers not listed above: ____________________________ Phone: _____________

Does client currently have or has recently applied for health insurance? ___________________________

What type of insurance do you currently have or have recently applied for? _______________________

Insurance company phone number: __________________________________

Parent/Legal Guardian #1 Information:

Name: ____ DOB: _____________________

Address: ___________________________________ City/State/Zip: _____________________________

County: _______________________________________ Phone: ________________________________

Email: ____________________________________

Employer: __________________________ Phone: ________________ Years Employed: _____________

Parent/Legal Guardian #2 Information:

Name: ____ DOB: __________________

Address: _____________________________________ City/State/Zip: ____________________________

County: _______________________________________Phone: _________________________________

Email: ___________________________________

Employer: __________________________ Phone: ________________ Years Employed: _____________

Are there other children in the home? ________________________

If yes, please list names and ages:

Name: ________________________________ Age: __________________

Name: _________________________________ Age: __________________

Name: _________________________________Age: __________________

Name: _________________________________ Age: __________________

Household Information:

What is the gross monthly income of the household? ____

Total mortgage/rent monthly: ____________________ Total utility cost monthly: __________________

Medical costs monthly: __________________

Other monthly expenses (Please list and explain):

____

____

Is anyone in the household receiving disability income? ______________ Home much? ______________

If so please explain: ____

Does anyone in the home receive Child Support? ____________________ How much? ______________

Do you own or rent your home? _____________________

If rent, will owner allow a service dog? __________________________

Do you have a fenced in or enclosed yard? __________________________

If you do not have a fenced in yard, do you intend to fence? ____________________________________

Do you already have pets? ___________ If so, which vet do you use?

Clinic: _______________________________________ Phone: __________________________________

Is your child physically able to handle the service dog? ____

If not, who will handle the service dog for them? ____

Is the child able to feed the service dog? __________________________

Is the child able to participate in the grooming process? __________________

Does the child want a service dog?

____

____

Please explain what tasks you think a service dog could do to make your child more independent.

____

____

Are you wanting this service dog to attend school with your child? _______If the answer is yes, have you spoken with school administrators and/or teachers? _________ What was their response? __________

____

____

How will the service dog be a benefit to you as a parent? ______________________________________

____

____

____

____

____

Mail/Email Reference to:

Children's Miracle Network Hospitals

931 E 32nd St Joplin, MO 64804

anfauvergue@freemanhealth.com

Letter of Reference for Service Dog

____________________, is applying for a service dog for their child, _____________________, through our agency. Please take a moment to fill out this form and return to us directly. Thank you for your assistance.

Name: _____________________________________ Phone: ___________________________________

Address: ____________________________________ City/State/Zip: _____________________________

Relationship to applicant: ____

How long have you known the applicant? _____________________________________

How does the child's disability affect the everyday life of the child? ______________________________

____

____

Do you think that the child would benefit from a service dog? __________________________________

Do you think that the child is capable of handling a service dog? _________________________________

Do you think the family can manage the specialized care of a service dog? ________________________

Do you support and approve of this family receiving a service dog? ______________________________

Please provide any additional comments:

____

____

____

____

____

Signature: ____ Date: _______________________

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Do you think the family can manage the specialized care of a service dog? _________________________

Do you support and approve of this family receiving a service dog? ______________________________

Please provide any additional comments:
____

____

____

____

____

Signature: ____ Date: _______________________

AUTHORIZATION FOR USE OF INFORMATION

I, ____, authorize Freeman Health System to use
(Print Name: Parent/Legal Guardian)

_______________________________________, born ______________, specified medical information
(Print: Patient Name) (date of birth)

and/or photography/video/audio recording.

For the following purpose(s): (please check each appropriate box)

{ } Use in Freeman Health System advertisement

{ } Use by Freeman Health System to market

{ } Media Story

{ } Children's Miracle Network Hospitals promotional materials

{ } Assistance Approval purposes ONLY

This authorization may be revoked at any time with written notice to Children's Miracle Network Hospitals. A photo static or fax copy of this authorization shall be considered as effective and valid as the original.

I understand that information disclosed pursuant to this authorization may be
re-disclosed to additional parties and no longer protected.

I understand by signing below, I authorize Children's Miracle Network Hospitals to collect information from my child(s) medical records, such as, but not limited to; Appointment/Hospital information: dates, confirmations, cancellations, hospital admittance, and future appointments.

I understand I may revoke this authorization at any time by signing a Revocation Form at Freeman Health System and returning it to the Information Privacy/Security Officer. I further understand that any such a revocation does not apply to the extent that persons authorized to use or disclose my health information have already acted in reliance on this authorization.

Signature: ____ Date: ___________________

(Parent/Legal Guardian)

Children's Miracle Network Hospitals Signature:_______________________________ Date: ________

Application Checklist

- ☐ Proof of residency; utility bill in your name, property tax or lease agreement
- ☐ A prescription from a Freeman physician
- ☐ Medical letter of necessity
- ☐ Medicaid or Insurance denial letter
- ☐ Two reference forms