



Phone: 800.942.0149, Ext. 2222
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admissions@guidingeyes.org

Guiding Eyes for the Blind Student Application

We are pleased that you've chosen to apply with Guiding Eyes for the Blind. We're dedicated to finding an ideally matched dog for you based on a deep understanding of your lifestyle. We design our training programs around your individual needs. Your thorough completion of this application will help us determine if a Guiding Eyes guide dog is the right choice for you and how we can best work with you to achieve your goals, thank you!

Please provide a phone number for the Admissions Department to contact you if there is a question regarding the application:

Date: _____

Legal First Name: _____

Middle Name: _____

Last Name: _____

Non-Discrimination and Privacy Statement

Guiding Eyes for the Blind, Inc. does not discriminate against any applicant for admission to our guide dog programs based on race, religion, color, national origin, ancestry, age, marital status, gender or any other factor prohibited under local, state, or federal laws. Providing race and/or ethnicity information is optional and used for statistical purposes only. As part of the application process, Guiding Eyes for the Blind, Inc. may conduct reference and criminal background checks on all applicants. Contact the Admissions Department if you would like to provide us with background information that will assist in these areas. Any information collected during the application process will be kept confidential.

Please sign the Release of Information as outlined below. This form is required by Other Guide Dog Schools (if attended) and Orientation and Mobility Instructors before they can release reference information pertaining to your history.

Release of Information

I, _____ , do consent and authorize you to honor Guiding Eyes for the Blind’s request for any professional service information which you may have that is based upon your knowledge of me.

This information is necessary to support my application for training with a guide dog, it will enable Guiding Eyes for the Blind to better understand my situation and evaluate my eligibility for its services.

Signature: _____

Date: _____

Contact Information

Home Address:

Street _____

City _____

State _____ Zip _____

How long have you lived at your current residence? _____

Do you plan on moving within the next 2 years? If yes, please describe your plans. _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Preferred Phone: _____

Personal Email: _____

Work Email: _____

Preferred Email: _____

Emergency Contact, please provide name, relationship and preferred phone number: _____

Tell us about yourself: _____

Who/What influenced you most in deciding to apply to GEB?

Preferred communication type 1 – Email, Large Print, Braille, Print: _____

Preferred communication type 2 – Email, Large Print, Braille, Print: _____

Personal Information

Have you ever changed your name? List prior name(s):

Nickname: _____

Birth Date: _____

US Citizen Y/N: _____

Marital Status: _____

Optional Question Used for Statistical Purposes:

What is your race? Please indicate American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, or Decline to State:

Are you Hispanic or Latino or Decline to State: _____

Are you a veteran? _____

If yes, what military branch and how many years served?

Employment Status: _____

If employed, please describe your occupation.

Do you feel that your employer would support you having a guide dog? _____

What is the highest level of education you have achieved? (High School, Undergraduate Degree, Graduate Degree, Advanced Degree)? _____

Please describe the areas/fields of study as it relates to your education? _____

Do you have any future education plans? If so, please describe.

Please describe any volunteer work and/or clubs or organizations that you are actively involved with.

Medical Insurance Company: _____

Medical Policy Number: _____

Cause of Blindness: _____

Year of Onset: _____

Do you have any residual vision? Y/N _____

If yes, please describe. _____

Do you have any pets in your household? _____ If yes, please list age and type of each pet and include if cats and dogs are vaccinated and spayed or neutered. _____

Are any of the animals in your household aggressive towards other animals or people? Are they house broken and well behaved? _____

If you don't live alone, who do you share your home with? Do they support you in your goal of getting a guide dog? Is there anyone in your life that you are concerned will not be supportive? _____

References

Have you received Orientation and Mobility Instruction (white cane training) including both indoor and outdoor with street crossings? _____

Please provide us with the following information about your Orientation and Mobility training:

Organization: _____

Address: _____

Instructor: _____

Instructor Email Address: _____

Instructor Phone Number: _____

Dates of training: _____

Please provide us with the names and contact information for two personal references that aren't related to you.

Reference 1

Name: _____

Relationship: _____

Email Address: _____

Phone Number: _____

Reference 2

Name: _____

Relationship: _____

Email Address: _____

Phone Number: _____

Have you ever applied for or received a guide dog from Guiding Eyes for the Blind? If yes, please describe your history.

Have you ever applied to or received a guide dog from another Guide Dog School? _____

If yes, please provide us with the school name.

Name of School 1: _____

Did you graduate? If yes, please describe your history.

Name of School 2: _____

Did you graduate? If yes, please describe your history.

Name of School 3: _____

Did you graduate? If yes, please describe your history.

Current Travel in Home Area

Please provide us with descriptions of up to three routes you travel most frequently.

Route 1

Description (for example: Grocery store, Leisure, Community Activities, School, Work, etc):

Do you use assistance or a companion to travel this route?

How often do you travel this route per week?

Describe the travel route: (sidewalks? Stop sign or Lighted intersections, rural, college campus, residential, town, city etc.)
Transportation Used during this route (walk, auto, bus, train etc....)

Route 2

Description (for example: Grocery store, Leisure, Community Activities, School, Work, etc):

Do you use assistance or a companion to travel this route?

How often do you travel this route per week?

Describe the travel route: (sidewalks? Stop sign or Lighted intersections, rural, college campus, residential, town, city etc.)
Transportation Used during this route (walk, auto, bus, train etc....)

Route 3

Description (for example: Grocery store, Leisure, Community Activities, School, Work, etc):

Do you use assistance or a companion to travel this route?

How often do you travel this route per week?

Describe the travel route: (sidewalks? Stop sign or Lighted intersections, rural, college campus, residential, town, city etc.)

Transportation Used during this route (walk, auto, bus, train etc....)

Programs Offered

Residential Program: Three week program held at our training center in Yorktown Heights, NY. Students have their own room and bath, equipped with a TV and refrigerator. Training begins on our campus and progresses to nearby towns and cities. Eventually, students train in custom locations which can include New York City to individually prepare them for their home environment.

Home Training Program: In order to qualify for Home Training, you must demonstrate a reason why you cannot attend our Residential Program. For example: Child Care, Work Obligations, Caring for an Elderly Parent, etc. Our Home Training program may be an option for both first-time and repeat guide dog users. Training will be conducted in your home environment for 10-15 days depending on your experience working with a Guide Dog.

Special Needs Program: Students can be served through the Residential or Home Training Programs. Special Needs instructors design training programs suited to accommodate each student's individual needs. These instructors are also trained in tactile American Sign Language to communicate with those who are DeafBlind.

ACTION Program – for experienced Guide Dog users: If a student is already a guide dog user, he or she can consider the ACTION Program. ACTION students train for ten days at Guiding Eyes, and then return home for several days of training with a Guiding Eyes instructor.

Running Guide Program: Designed for active individuals who would like to be able to use their guide dog for exercise runs in their home environment. This training is an add on to our other programs. In order to qualify for this program, you need to complete basic guide dog training through one of our other programs. In addition, you must have access to a safe and straight forward route that you are in the habit of using on a regular basis.

Based on the various programs listed above, please let us know which would be your preference?

What would your secondary preference be?

Do you currently run for exercise? If so, are you interested in learning more about the Running Guide Program?

Additional Questions:

- Please describe how a guide dog would impact your life:

- Do you have any concerns about working with a guide dog?

- Do you need assistance with daily activities within your home (for example, dressing, bathing, reaching up or bending)? If you have an aide, please explain in what ways the aide assists you and how often he/she is with you.

- Do you participate in any support groups, services or meetings at home that you would like to have access to while training at Guiding Eyes for the Blind. If so, please explain.

- Please list any support or other orthopedic devices you may use when navigating/traveling outside of your home excluding white canes. For example, Support Canes, Braces, Walkers, Wheelchairs, Electric Scooter, etc. (Please note, Guiding Eyes for the Blind does not train our guide dogs to guide individuals in wheelchairs, walkers or scooters at this time).

Health Questions

- Please list all health conditions.

- Do you experience pain, discomfort or shortness of breath while walking or during regular daily activities?

- Do you regularly see a professional for mental health issues?

- List all medications you take (dosages and times prescribed).

- Do you require assistance managing and taking your medications? If so, please explain.

- What diet has your doctor recommended for you? (for example: Diabetic, American Heart Association, low Carbohydrate, etc.)?

- If you follow a particular diet on your own, please describe.

- What allergies do you have (food, environment, pet, etc.)?

- Have you been hospitalized for medical reasons in the past five years? If yes, please explain the circumstances of your hospitalization.

- Have you been hospitalized for mental health reasons in the past five years? If yes, please explain the circumstances of your hospitalization.

There is no cost to our training program. Graduates can expect to pay \$80-\$100 per month in dog food costs. We provide a stipend to every graduate of \$200 to \$300 per calendar year to cover basic veterinary care for their working guide dog (this does not apply to retired guide dogs). Graduates are responsible for veterinary costs that exceed this stipend. Keep in mind that, like people, most dogs require more veterinary care as they age.

In addition to this application, you will be required to complete a medical form and vision form. The vision form is only required for first time applicants. Returning graduates will not need to complete the vision form a second time. The medical form is valid for one year.

It is important that you return any additional forms to us as soon as possible so that we can present your application to the Admissions Committee for review.

Completing this application places neither Guiding Eyes for the Blind, Inc. or yourself under any obligation. Any applicant denied admission may appeal the decision through our appeals process or subsequently reapply.

Please sign and date that you have read and understand the statement noted above.

Signature: _____

Date: _____

If you have any questions, please feel free to contact the Admissions Department at 1-800-942-0149, ext. 2222 or e-mail admissions@guidingeyes.org.

Thank you and we look forward to working with you!