Form

Dog Guide Assessment Template – First Time Handler

Notes for Assessments of Dog guide supports

Use this template to provide information about your request for a first dog guide. If you are an experienced dog guide handler and want a replacement dog guide please use Dog Guide Assessment Template – Experienced handlers.

We'll use the information in this form to understand whether a dog guide is a reasonable and necessary support.

If you or your provider choose to give us information in another format, it must include all information described in this template. This should include how the dog guide will support your capacity building, maximise your independence, and how the dog guide will work with your current supports.

We'll only fund a support if it relates to your disability. This means there must be a direct link between your disability support needs and the NDIS supports we fund.

More information about how we consider requests for dog guides is in Our Guideline – Assistance animals including dog guides.

Who can complete this assessment? A dog guide mobility instructor or orientation and mobility instructor can assess your needs and situation and identify if a dog guide is appropriate. To complete this template, assessors need to be an International Guide Dog Federation (IGDF) qualified instructor.

Dog guide assessors have obligations under the NDIS Provider Terms of Business, Quality and Safeguards Commission.

Caution: Your provider must be aware of and observe the law with regard to assistive technology (including a dog guide) that is likely to involve restraint. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018.

We want your assessor's professional opinion on the supports you need to help with your mobility. We expect dog guide assessors to consider all options to support your disability related functional limitations and help you to pursue your goals, including core and capacity building supports. For example, a support worker to help you access the community.

Please attach a quote to this template. Quotes can include printouts of web orders and stock numbers from relevant accredited dog guide providers where relevant.

Keep up to date at Our Guideline – Assistance animals including dog guides.

Form

Notes for navigating and editing this document

General Notes

This document is protected so only editable fields can be changed but additional rows in tables can be inserted as required.

All editable fields have unlimited text entry, and the document will expand in page length when large amounts of text are entered.

Spelling and grammar can be checked according to the word processor you are using.

JAWS Specific Comments

Ins + F1 will read document information including the general layout, header and footer information.

Ins + F6 will bring up a headings list allowing a JAWS user to jump to heading sections if desired.

Ins + F7 will bring a list of web links embedded in the document.

Ins + Z will turn on quick navigation fields so a JAWS user can use “H” to jump to the next heading for easy navigation.

Part 1 – Consent to collect and share your information – Dog guide provider assessment and quotation(s)

For the participant to complete

When you request a dog guide, the National Disability Insurance Agency (NDIA) may need to contact your dog guide assessor and/or dog guide supplier to discuss information about your dog guide assessment and quotation(s). This will help us to determine if your request for a dog guide can be provided to you under the NDIS. Do you consent to us collecting and disclosing your information including from the third parties mentioned above, in relation to your dog guide assessment and quotation?

Do you consent?: [Free text field – yes/no]

Participant’s Signature: [Free text field]

I understand that I am giving consent to the NDIA to do the things with my information set out in this section. I understand that I can withdraw my consent for the NDIA to do things with my information at any time by letting the NDIA know. [Free text field – yes/no]

I understand that I can access the NDIA’s Privacy Notice and Privacy Policy on the NDIA website or by contacting the NDIA. [Free text field – yes/no]

Signature: [Free text field]

Date: [Free text field]

Full name: [Free text field]

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If you have signed this form on behalf of the NDIS participant, please complete the details below. It is an offence to provide false or misleading information.

We may require you to provide evidence of your authority to sign on behalf of the person.

Signature: [Free text field]

Date: [Free text field]

Full Name of person completing this form (please print): [Free text field]

Relationship to participant or person wishing to become an NDIS participant: [Free text field]

PART 2 – Participant and Plan Management Details

The provider to complete part 2 through to part 6.

1.1 NDIS Participant Details

Name: [Free text field]

Date of Birth: [Free text field]

Age: [Free text field]

NDIS Number: [Free text field]

Address: [Free text field]

Contact Telephone Number: [Free text field]

Email: [Free text field]

Preferred Contact Method: [Free text field]

Nominee or Guardian Name: [Free text field]

Nominee or Guardian Phone: [Free text field]

NDIS Support Coordinator: [Free text field]

Contact Details: [Free text field]

1.2 Plan Management Details

Please select the plan management type for the dog guide by typing yes in the relevant free text field below.

Agency Managed: [Free text field]

Self-Managed: [Free text field]

Registered Plan Management Provider: [Free text field]

Registered Plan Management Provider Contact Details if applicable: [Free text field]

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PART 3 – Evaluation and Assessment – First time handler

Information in this section will help us decide if a dog guide is a reasonable and necessary support.

This means the dog guide:

- will help the participant pursue their goals
- will help the participant with social and work activities
- is value for money
- is effective and beneficial for the participant
- does not replace the role of family, carers, informal supports or community support.

To decide if we'll fund a dog guide, it must meet all of the funding criteria.

We also need to think about:

- if the dog guide directly relates to the participant's disability
- if the dog guide is likely to cause harm to the participant or be a risk to others
- if the dog guide duplicates other supports the participant gets under alternative funding through the NDIS.

These questions are about the participant's situation, functional capacity, daily life and what they want to do in the future.

3.1 Vision Background

Describe the participant's vision diagnosis and functional vision information to the best of your ability. For example, visual acuities, any visual field loss, visual fatigue, glare sensitivities and/or if the participant's functional vision is stable or expected to decline in the near future. If you cannot provide this information, please list the contact details of a treating health professional who can. We will contact them with the participant's consent to gather the information we need.

[Free text field]

3.2 Functional Mobility

1. What is the participant's current functional mobility? Include details of mobility aids or assistive technology used.

[Free text Field]

2. If relevant, provide an outline of previous orientation and mobility training completed and outcomes of these activities. Please list any recommendations for further orientation and mobility training.

[Free text Field]

3. Please provide an outline of the participant's current independent travel routes, including frequency, duration, complexity of travel routes, and environmental conditions. Only list current independent travel routes which don't require formal or informal support to complete.

[Free text Field]

4. Please provide an outline of the informal and formal supports the participant currently uses to access the community, including travel routes, frequency, duration, complexity of travel routes, and environmental conditions. For example:
    - The participant currently has NDIS funded support for 2 hours to go to a book club once a week, and 8 hours a week to support them to take part in a community group on Wednesday and Friday mornings.
    - The participant currently has a support worker for 3 hours per week who drives them to the shops and helps with their weekly grocery shopping.
    - The participant goes on a 30-60 minute walk each day in their neighbourhood. It's a quiet residential area. Their brother supports them on this daily walk.

[Free text Field]

3.3 How will the dog guide help the participant pursue their goals?

If the participant's NDIS plan is available, you can refer to the statement of participant's goals and outline those relevant to the request for a dog guide. Include any other relevant mobility goals.

[Free text field]

3.4 How will the dog guide help the participant with social and work activities?

List the social or work activities the participant currently does or is unable to do which a dog guide could help them to complete.

[Free text field]

3.5 Please provide information about the cost of a dog guide compared to the cost of other supports

Use the quote for the full cost of any assessment, training, matching and follow-up associated with the cost of the dog guide purchase and describe how a dog guide is expected to reduce the participant's need for other types of supports over the long term.

[Free text field]

What other supports has the participant tried and how did they work for them? For example, things like other sorts of assistive technology or capacity building supports.

[Free text field]

What is the expected length of training time it will take for the participant to realise the benefits of the dog guide, build their capacity and for other supports to reduce?

[Free text field]

Briefly summarise the benefits of a dog guide compared to other comparable supports for long term mobility.

[Free text Field]

3.6 How will the dog guide help the participant with their disability support needs?

Information in this section will help us determine the expected effectiveness and benefits of the dog guide to the participant. As a dog guide assessor we want your professional opinion on the expected benefits of a dog guide.

What tasks will the dog guide do to help the participant with their disability support needs?

[Free text Field]

What is the expected workload for the dog guide once training is complete?

[Free text Field]

Please provide detailed information about the tasks the dog guide will help the participant to complete which they can't do because of their disability. This can include the participant's ability to travel independently without formal or informal support with the dog guide and:

- How the dog guide will allow the participant to change the type, frequency and duration of travel routes.
- How the dog guide will allow the participant to change mobility supports including an outline of formal and informal support currently required to access the community and whether the participant will have the capacity to access the community independently using a dog guide alone – for example, without a support person.

[Free text Field]

3.7 How will the dog guide work with the participant's other supports?

This section will help us determine whether it's reasonable to expect family, carers and informal networks to provide the support a dog guide would give to the participant. We'll think about any risks to the participant or their family and carers in providing this support.

Describe the expected outcomes or changes in the participant's independence as a result of the dog guide. This could include less reliance on the participant's family and informal supports or goal maintenance.

[Free text Field]

Describe how a dog guide will work with the participant's other supports to reduce risks to them and their informal supports.

[Free text Field]

Describe what a dog guide will help the participant do independently compared to using family and other informal supports.

[Free text field]

3.8 Participant Suitability

This section should be completed by a dog guide mobility instructor who is accredited with the International Guide Dog Federation.

Who will be the dog guide's primary handler?

[Free text field]

What places will the dog guide go to with the participant? Will they attend a school?

[Free text field]

What experience does the participant have using a dog guide?

[Free text field]

Does the participant have the ability and skills to look after and care for the dog guide?

[Free text field yes/no/not applicable]

Has the participant completed an experiential walk?

[Free text field yes/no/not applicable]

Has the participant completed a harness walk?

[Free text field yes/no/not applicable]

Outline the participant's suitability to be a dog guide user. Evidence may include outcomes from an experiential walk or similar assessment methods. For example, harness walks, internal assessments, dog guide camps or information sessions.

[Free text Field]

3.9 Other Relevant Medical/Health Information

Provide any relevant medical information that may impact on the participant's current and ongoing ability to use the dog guide. This may include allergies, cognitive, psychosocial, other physical impairment or cardiopulmonary conditions that would limit mobility.

[Free text field]

PART 4 – Recommended Option

4.1 Additional Features

Are there any additional features, customisations or specifications recommended that are considered to be above the minimum or standard level of funding for a dog guide? This could include a customised harness or the requirement for additional training hours.

[Free text field]

4.2 Participant Agreement

Does the participant agree with the recommendations in this report? (Are the assessor's clinical recommendations and the participant's preferences the same?)

[Free text field – yes/no]

Please provide details: [Free text field]

PART 5 – Attachments

Please attach a detailed quote outlining the full cost of any assessment, training, matching and follow-up associated with the cost of the dog guide.

Note: for an approved dog guide, funding for maintenance costs will be considered to reflect the higher costs of a dog guide over those of an equivalent companion animal/pet. The NDIS will provide an appropriate annual maintenance cost which the participant can use to pay for reasonable and necessary dog guide maintenance costs. This includes food, grooming, flea and worm treatments, medication, vaccinations, veterinary costs and/or insurance.

PART 6 – Details of Dog Guide Assessor

DECLARATION

Complete all relevant sections.

I certify that I meet the NDIA expectations of a dog guide assessor (including understanding of the current NDIS Act, Rules and Operational Guidelines). I am a dog guide mobility instructor and I am accredited with the International Guide Dog Federation. I am qualified to assess dog guide requests and associated supports, at the level of complexity required by this participant. [Free text field – yes/no]

I will provide appropriate evidence to the NDIA and/or the NDIS Quality and Safeguards Commission if and as requested. [Free text field – yes/no]

I understand and acknowledge that the NDIA and the participant will rely on my professional advice to select, source and implement a dog guide. [Free text field – yes/no]

If applicable: This dog guide has been assessed by the treating multi-disciplinary team, and I have completed the dog guide assessment on behalf of that team. [Free text field – yes/no]

Assessor's Details

Name: [Free text field]

NDIS Provider Registration number (where applicable): [Free text field]

Phone: [Free text field]

Email: [Free text field]

Signature: [Free text field]

Qualification: [Free text field]

Date of Assessment: [Free text field]

Date of Report: [Free text field]