

Division of Student Affairs

DSA Area Name: Retention, Outreach, & Inclusive
Student Services

Definition(s):

Facility Dog - A facility dog is a dog that, directed by qualified staff within a designated facility, utilizes its special skills and training in animal-assisted interventions to help providers achieve specific program goals. A facility dog is like a therapy dog, but unlike a therapy dog which may visit patients or residents at the facility accompanied by its handler for a few hours a week, a facility dog “works” full-time at the facility under the care and supervision of a staff member. In addition, facility dogs are specifically trained for their work, while therapy dogs may not have extended training.

Facility dogs will have generally had between 18 months and two years of specialized socialization and training in preparation for becoming service dogs. These dogs did not ultimately qualify to become service dogs, generally due to either a minor health issue or lack of confidence in a specific situation. For example, a dog might be fearful around traffic or on public transportation, or especially sensitive to loud sounds. Dogs selected to become facility dogs are highly motivated by contact with people, affectionate, gregarious, of moderate-to-low energy and drive, and calm and quiet indoors. The dogs are house trained, have good manners, extensive obedience training, and a large repertoire of specialized skills that can be used in a therapeutic setting.

Attachment(s):

- Appendix A - Contact Information
- Appendix B - New Life K9 Application
- Appendix C - Veterinary & Insurance Card
- Appendix D - Scheduling and Checkout Procedures
- Appendix E - Accident Report
- Appendix F - Retired Facility Dog Adoption Questionnaire

Procedure:**Identifying a Handler**

The New Life K9 application process is used to determine the nighttime handlers. Please reference Appendix B.

1. Staff and faculty are invited to apply to be handlers.
2. After application review by New Life K9 staff, the successful applicant is sent seven social style forms (to be completed by people the applicant selects). They are instructed to complete these forms per the instructions and return them to the Assistant Director of Veterans Affairs Program. Once all the social styles forms are received, New Life K9 contacts each applicant to schedule an interview.
3. New Life K9 staff selects the handler based on the best fit for both the dog and the handler.

veterinary needs. If there is an emergency or other unexpected need arises, an exception can be made after consultation with the appropriate director.

3. The handler shall discuss the need for medical procedures with the appropriate director who will give approval for care.
4. Housing & Residential Education (HRE) and the Veteran Affairs Program (VAP) shall advise the appropriate AVP or administrator regarding the health of the dog following annual veterinary visits and any medical procedures, including unexpected, non-emergency procedures. Consultation with the veterinarian will determine if the dogs are healthy enough to continue their duties as CSUCI's facility dogs.

3. When traveling overnight the handler is required to pack:
 - a. Food for the duration of the trip with extra, in case it is needed
 - b. Food and water bowls
 - c. Crate and crate pad
 - d. Chews and toys to stay occupied
 - e. The Dog's appearance bag (stocked).

Office Environment

The staff at the front desk/reception at each dog's home base use best efforts to notify and communicate with Visitors about the Facility Dogs' presence.

1. Signage is placed at all entrances informing visitors Facility Dog's presence.
2. When a first-time visitor has an appointment, they are informed that a Facility Dog is present in the office.
3. The Facility Dog's "free-range" area is limited in the office/program area.
4. When the Facility Dog is "free" in these areas the door or gate to the office must be closed, restricting the Facility Dog to only these areas.
5. The Facility Dog is always required to be on a leash in all other areas of the campus.
6. The Staff will be educated on the Facility Dog's current training.
7. It is expected that the Facility Dog will behave and relax when they are at CSUCI.
8. Their exercise/play routine

In the event a facility dog dies:

1. Remembrance event will be held, and memorial plaque will be placed on campus. 668.95
2. The facility d

Appendix A: Contact Information

HRE Facility Dog (Lonnie) Workplace Handler: Venessa Griffith

Cell: 805-312-4298

Work: 805-437-3849

HRE Facility Dog (Lonnie) After-Hours Handler: Tanya Yancheson

Cell: 805-610-3585

Work: 805-437-3342

VAP Facility Dog (Doc) Workplace Handler and Assistant Director for Veterans Affairs

Program: Jay Derrico

Cell: 805-312-0876

Work: 805-437-2745

VAP Facility Dog (Doc) After-Hours Handler: Jerry Garcia

Cell: 805-402-8058

Work: 805-437-3264

Director for Student Transition & Engagement Programs: Doreen Hatcher

Cell: 909-633-5410

Work: 805-437-3156

CSUCI Risk Management: Jeff Kim

Work: 805-437-2674

Email: risk@csuci.edu

Camarillo Veterinary Hospital

805-482-9865

attending this training, our Campus Rules will apply to you. Please note that New Life

Please review the Campus Rules online at: WWW.newlife9s.org/campus-rules.html.

Once you graduate with your dog, you will be responsible for the ongoing costs of caring for your new partner including food, grooming and veterinary expenses.

Assistance Dog Application

Please note: Application must be completed by the applicant or answered under the direction of the applicant. Questions in the application are only a source of information by which we can ensure that we are prepared to best meet the needs of our applicants.

General Information

Name _____ Date of Birth _____

Your Birth Order (circle one) 1st 2nd 3rd 4th 5th 6th Other Gender: M F

What is your marital Status?

- Single Married Separated Divorced
 Other _____

What is your military status? Veteran Active Duty Not Applicable

What branch of the military were you in if applicable? _____

With whom do you live? (check all that apply)

- Alone With parents With Spouse or significant other
 With attendant With roommates Other _____

Where do you live? House Apartment Dorm Other _____
How long have you lived there?

Do you accept that use of a service dog will publicly identify you as a person with a disability?
 Yes No If no, please explain: _____

Are you able to travel to New Life K9s office for your interview?
 Yes No If no, please explain: _____

I acknowledge that New Life k9s does not provide financial assistance to clients.

Yes No

What type of assistance dog are you looking for?

Have public access: Service Hearing Guide
 Psychiatric Service Diabetic Alert

MOTOR IMPAIRMENTS -

Weakness Spasticity Coordination Other

SENSORY IMPAIRMENTS -

Vision Hearing

Please identify Functional Independence Measure (FIM) levels for the following motor activities based on this scale:

Self-Care

- Eating Grooming Bathing Dressing-upper body
 Dressing-lower body Toileting

Sphincter Control

- Bladder management Bowel management

Transfers

- Chair, wheelchair Toilet Tub, shower

Locomotion

- Walk & Wheelchair Walk Wheelchair Stairs

Service dogs can run into difficult

The information on this application is correct to the best of my knowledge.

Applicant Signature

Date

If the applicant is a minor, or under guardianship or conservatorship or the ward of the court, the parent or duly authorized representative is required to sign below pursuant to state and federal law.

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Relationship _____

Parent or Guardian Signature

Date

Applicant Medical History Form

*This form is to be completed by your physician and sent by him/her directly back to New Life K9s.
Please sign the release (in the box below) before giving the form to your physician.*

NAME _____

Type of Practice _____

Street Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email _____

[] Yes, you may contact me for further information or clarification if needed.

PATIENT INFORMATION:

primary disability? _____

What was the cause of the disability? _____

At what age was (s)he disabled? _____ Is this disability progressive? _____

Are there additional disabilities such as mild TBI? (If so, please identify)

Current Medications _____

Current number of hours of attendant care per week: _____

For Post-traumatic stress disorder (PTSD) or other mental health conditions, please provide a diagnosis and date of onset. () 18 Tm520a[(t)0912582

If you are unable to recommend this individual for an assistance dog please indicate which of the following concerns apply:

- History of treatment resistance
- Consistent lack of insight regarding disability & related care needs
- Unstable home environment
- Unable to care for dog (either directly or with physical assistance of others)
- Potential for abuse of dog
- Potential for unsafe, unhealthy environment for dog

Please provide additional details if you checked any of the above items:

Can you recommend this individual for an assistance dog? _____

Do you have additional comments/concerns? if so, please explain:

Signature

Date

Client Reference Service provider

Name: _____ Date: _____

Phone: (____) _____ Fax: (____) _____

I hereby give my permission for the above-stated service provider to supply any information regarding my physical and/or psychosocial status to New Life K9s for the purpose of completing my application for an assistance (service)

Appendix C: Veterinary & Insurance Card



Veterinary & Insurance Card

Camarillo Veterinary Hospital

camvethosp@gmail.com

258 Dawson Dr, Camarillo, CA 93012

(805) 482-9865

Appendix D: Scheduling and Check-Out Procedures

HRE Facility

-Out Procedures in HRE

Scheduling a walking time

1. An HRE Facility Dog Certified Walker (LCW) can go to any of the village offices to schedule a time to walk the HRE Facility Dog.
2. The student assistant at the desk verifies the LCW's certification card and student ID.
- 3.3. The student assistant verifies in StarRez that it is the correct student and that there is a note about the student's LCW status.
3. The student assistant schedules a walking appointment for the LCW.
- 5.5. (on) the HRE Facility Dog Walky Calendar at 00000012 for 12792161W*BT/F2 12 Tf1 0 0 1 319.63 497.15 T
- 6.6. Shares which walk times are available with the LCW.
7. Books the LCW for a walking time and informs them from which office they will pick the HRE Facility Dog up (office location located at the top of the day).
8. Selects one of the existing time slots (9 a.m., 12 p.m. and 3 p.m.) and adds "BOOKED" to the walk time title. Example: "9 a.m. walk – ~~B~~OOKED".

Checking HRE Facility Dogs Out

Important: Prior to beginning the checkout process, the Front Desk Staff must ensure that the Facility Dog's

Scheduling a Walking Time

1. Any student, staff, and faculty may schedule a time to walk the VAP Facility Dog by contacting the Veteran Resource Center (via phone or in-person).
2. To schedule

Appendix E: Accident Report

(<https://www.csuci.edu/documents/accident-report-rev-2-2013.pdf>)



ACCIDENT REPORT

Use For Motor Vehicle Accidents

Do Not Use

IT VISITOR VENDOR

STUDENT

FOR UNIVERSITY FACULTY AND EMPLOYEES: This report is for administrative reporting purposes only. It is not intended to be used for legal purposes. It is the responsibility of the reporting employee having knowledge of an accident when it occurred, whether a state sponsored activity and/or if **personal property** damage is reported. Please report immediately if a death or serious injury occurs.

TO PROTECTIVE STATE OF CALIFORNIA: This report is for administrative reporting purposes only. It is not intended to be provided by the instructor, supervisor or other state **visitor or vendor** is injured on state property or during a sponsored activity. All injuries, other than first aid, should be reported immediately. If more space is needed, please provide attachments.

Please sign and date the report in Section 4 below.

MAIL: Risk Management

COPY: Your Dept. File

ORIGINAL

Injured Party: (Please Print First and Last Name)	Date and Hour of Accident:	Business Phone:	Full Name of Injured Party:
---	----------------------------	-----------------	-----------------------------

Business Name of Injured Vendor:	Business Phone:	Business Name of Injured Vendor:	Business Phone:
Location of Accident (ie. Campus):	Cell/Alt. Telephone:	Location of Accident (ie. Campus):	Cell/Alt. Telephone:
Section 1 INJURED	Nature of Injury: (specific body part and injury)	Where treated:	
	Description of Accident:		

Does injured party have medical insurance?	Assistance requested
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Property Owner: (Please Print First and Last Name)	Date and Hour of Loss:
Address: (Street, City, State)	Home Phone:
Nature and Extent of Damages:	Cell/Alt. Telephone:
Location of Property When Damaged:	

Section 3 WITNESSES	1.	Name of Witness: (Please Print First and Last Name)
	2.	
	3.	
Section 4 PERSON COMPLETING REPORT	Name of Person Completing this Report: (Please Print First and Last Name)	Work Phone:
	Title or Work Location:	Cell/Alt. Phone:
	Signature:	Date of Report:

by legal counsel in the event a claim is filed against the

This is a CONFIDENTIAL report to provide information for use

officers, state officials, or persons authorized by the State.

13/02/13

Appendix F: Retired Facility Dog Adoption Questionnaire



