



Loving Animals Providing Smiles

P.O. Box 6596, Napa, CA 94581
707 / 265-6642 info@lovinganimalsprovidingsmiles.org

LAPS Request for Team Visits

*Any data, knowledge or other information received by LAPS members
(via this request or at other times while volunteers are in service) will be kept confidential.*

Facility / Group: _____

Address: _____

Contact Person (and title): _____

Phone: _____ Fax: _____

Email: _____

How did your organization hear about LAPS? _____

Type of Facility		Description of Population	
<input type="checkbox"/> Assisted Living / Intermediate Care <input type="checkbox"/> Corrections <input type="checkbox"/> Day Treatment <input type="checkbox"/> Group Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital	<input type="checkbox"/> Psychiatric <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Residential Care <input type="checkbox"/> School <input type="checkbox"/> Skilled Care <input type="checkbox"/> Other _____	<input type="checkbox"/> Abuse Survivor <input type="checkbox"/> Memory Impaired <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Emotional Disabilities <input type="checkbox"/> Homeless	<input type="checkbox"/> Mental Illness <input type="checkbox"/> Multiple Disabilities <input type="checkbox"/> Neurological Disorders <input type="checkbox"/> Physical Disorders <input type="checkbox"/> Terminally Ill <input type="checkbox"/> Other _____

Age of Population	Group Size	Visits Requested
<input type="checkbox"/> Infants & Nursery Age <input type="checkbox"/> School Age <input type="checkbox"/> Adolescent <input type="checkbox"/> Young Adults <input type="checkbox"/> Adults <input type="checkbox"/> Senior	<input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group (1 – 5 people) <input type="checkbox"/> Medium Group (6 – 15 people) <input type="checkbox"/> Large Group (15+ people)	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> For a specific event, please note date and time: Date: _____ Time: _____ <p style="text-align: center;">Note: Standard Visits are one (1) hour</p>

Type of Program Requested

- | | |
|---|---|
| <input type="checkbox"/> Room Visits
Therapy teams walk in facility halls and visit with clients in the privacy of their rooms. | <input type="checkbox"/> Group Program in Activities Area
Therapy teams visit with clients in a central area / recreation room. |
| <input type="checkbox"/> Physical / Occupational Therapy with attending professional
Therapy teams work directly with a medical professional in one-on-one or small group sessions. | <input type="checkbox"/> Scheduled Visits with Individual Clients
Therapy teams visit in approved one-on-one sessions. |
| | <input type="checkbox"/> Educational Sessions
Therapy teams work with staff to provide activities that enhance classroom lessons. |

What Days Work Best ?

Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

Please describe why you want LAPS to visit your location and if you have any goals for animal-assisted therapy sessions:

Thank you for your interest in Loving Animals Providing Smiles.

Please return this completed form and one of our volunteers will contact you soon.

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