



# 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.*

Date: \_\_\_\_\_

Facility / Group: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact Person (title):  
\_\_\_\_\_

Secondary Contact Person (title):  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

How did your organization hear about LAPS?  
\_\_\_\_\_  
\_\_\_\_\_

Type of Facility		Description of Population	
<input type="checkbox"/> Retirement / Independent Living	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Memory Impaired	<input type="checkbox"/> Neurological Disorders
<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Developmental Disabilities	<input type="checkbox"/> Physical Disorders
<input type="checkbox"/> Day Treatment	<input type="checkbox"/> Residential Care	<input type="checkbox"/> Emotional Disabilities	<input type="checkbox"/> Veterans
<input type="checkbox"/> Group Residence	<input type="checkbox"/> School / University	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Other
<input type="checkbox"/> Hospice	<input type="checkbox"/> Skilled Care	<input type="checkbox"/> Multiple Disabilities	_____
<input type="checkbox"/> Hospital	<input type="checkbox"/> Other _____		

Age of Population	Group Size	Visits Requested
<input type="checkbox"/> School Age (ages 5 -12)	<input type="checkbox"/> One-on-One	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> Adolescent (ages 11 – 14)	<input type="checkbox"/> Small Group (1 – 5 people)	<input type="checkbox"/> For a specific event, please note date and time:
<input type="checkbox"/> Teens (ages 14 – 19)	<input type="checkbox"/> Medium Group (6 – 15 people)	Date: _____
<input type="checkbox"/> Young Adults	<input type="checkbox"/> Large Group (15+ people)	Time: _____
<input type="checkbox"/> Adults		<b>Note: Standard Visits are one (1) hour</b>
<input type="checkbox"/> Seniors		

### Type of Program Requested

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Group Program in Activities Area</b><br>Therapy teams visit with clients in a central area / recreation room. | <input type="checkbox"/> <b>Staff Educational Sessions</b> <ul style="list-style-type: none"> <li>○ A. Therapy teams work with staff to provide activities that enhance classroom lessons.</li> <li>○ B. Therapy teams work with staff to enhance clients' understanding of the benefits of animal-assisted interactions.</li> </ul> |
| <input type="checkbox"/> <b>Room Visits</b><br>Therapy teams walk in facility halls and visit with clients in the privacy of their rooms. | <input type="checkbox"/> <b>Physical / Occupational Therapy with attending professional</b><br>Therapy teams work directly with a medical professional in one-on-one or small group sessions.  |
| <input type="checkbox"/> <b>Scheduled Visits with Individual Clients</b><br>Therapy teams visit in approved one-on-one sessions.          |  |

### What Days / Times 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

### Level of Staff Involvement during visits by Therapy Teams

<input type="checkbox"/> <b>High</b> (Example: Staff will remain in common room with teams during visit or shadow a team during individual visits)	<input type="checkbox"/> <b>Mid-level</b> (Example: Staff is readily available to assist therapy teams but may not be continually present during visit)	<input type="checkbox"/> <b>Low</b> (Example: Staff may greet teams upon entry but not remain in common room during visit; Staff may provide a list of clients for individual visits)
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Please describe why you want LAPS to visit your location and share your goals for animal-assisted therapy sessions:

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**Thank you for your interest in Loving Animals Providing Smiles.**

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

By mail: P.O. Box 6596, Napa, CA 94581  
 By e-mail: [info@lovinganimalsprovidingsmiles.org](mailto:info@lovinganimalsprovidingsmiles.org)