



Restoring Lives Thru Rescued Horses

Equine-Assisted Psychotherapy or Equine-Assisted Learning ADULT SESSION REQUEST FORM

This application is for:

- Individual Female
 Individual Male
 Marriage and/or Couples Counseling
 Parent and Child
 Family
 Other (Please explain): _____

General Information:

Date of application: _____

Full Name: _____ DOB: _____

Email: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Marital Status:

- Single
 Married for _____ years
 Separated for _____ years
 Divorced for _____ years
 Widowed for _____ years
 Living together for _____ years

Occupation: _____ Work Phone #: _____

Spouse/Partner: _____ DOB: _____ Cell: _____

Email: _____

Family Member: _____ Relation: _____ DOB: _____

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Family Member: _____ Relation: _____ DOB: _____

Please describe your family environment and interactions.

Medical History:

Emergency Contact Name: _____ Relationship: _____

Emergency Primary Phone #: _____ Emergency Secondary #: _____

Primary Doctor: _____ Doctor's Phone: _____

Allergies? If yes, please list: _____

Insurance Provider: _____ Phone #: _____

Group #: _____ Medical #: _____

Have you taken, or are you now taking, any prescription medications for mental health issues?

Yes No If yes, Prescribed by whom? _____

List Current Prescriptions:

RX: _____ Condition: _____ First Started: _____

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RX: _____ Condition: _____ First Started: _____

I authorize of exchange of Confidential Information with my medical and mental health contacts provided. *Please sign to indicate consent is given.

Signature: _____

Date: _____

Counseling History:

Have you ever consulted a counselor, psychotherapist or psychiatrist before? Yes No

Name of Therapist: _____ Practice Name: _____

Dates seen (from when to when): _____ Reason: _____

Please give a brief summary of the specific reason you are seeking counseling at this time, and why you believe HLR would be a good fit.

Are you a harm to yourself or others? Or have you been in the past? Please describe:

Other:

How did you hear about Hearts Landing Ranch? _____

If you were referred, please provide the contact person's information so we can thank them:

Name: _____ Agency/Company: _____

Phone: _____ Email: _____

What is your religious background? _____

Any other comments or information to better help us understand your situation and goals?

Please rate yourself honestly in the below areas 1-5 (5 being the strongest in the specific characteristic)

- | | | |
|---|--|---|
| <input type="checkbox"/> Social interaction | <input type="checkbox"/> Contentment | <input type="checkbox"/> Team Player |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Angry | <input type="checkbox"/> Authority (does well with) |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Honesty | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Physically active | <input type="checkbox"/> Helps others | <input type="checkbox"/> Chores |
| <input type="checkbox"/> Interaction with animals | <input type="checkbox"/> Happy | <input type="checkbox"/> Completion of task |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Detailed |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Depression | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hard working |
| <input type="checkbox"/> Musician | <input type="checkbox"/> Peer pressure | <input type="checkbox"/> Intimidated by others |

Our Heart and Your Requirements for Participation

The heart of our Equine Session Program is to provide a place for individuals, horses and families to experience hope, healing and encouragement. This is accomplished by inviting individuals to come just as they are and actively engage in the activities

Healing and breakthroughs are possible, but expect that it takes time and effort. Commit to a designated number of sessions. Mental Health is an invisible wound, and emotions and trauma cannot be seen in the same way as a broken leg. In the same way, sometimes in EAP, "doing the work" doesn't always feel or look like "doing the work". Most often, our brains betray us.

We expect that participants want to be here and are willing to work towards their goals. This includes taking personal responsibility for choices, including showing up on time; and barring a health emergency, giving at least 48 hours' notice of cancellation.

When participants are under 18, we ask a parent/guardian to remain on site while we are in session with your child(ren). There is a designated waiting area, with comfortable seating, near the arena. You also are welcome to wander the large garden (with raised beds, located past the house/driveway) or some people choose to wait in their car. Please respect privacy and do not sit on the paved patio around/next to the house. Please also keep in mind the privacy and concentration of those participating in sessions.

Session Components

Equine Session activities are dependent on treatment goals, and can take many unique forms. The basics, however, will always be the same for an Equine-Assisted Psychotherapy (EAP) Session, which would include an Equine Specialist (ES), a Mental Health Professional (MH) and horse(s).

Equine-Assisted Learning (EAL) may also be available, and would be implemented with an Equine Specialist and horse(s), without a mental health specialist. This may be an option, for example, if someone needs to work on life skills such as communication, perseverance, or boundaries.

Working with horses: The majority of participants who come to Hearts Landing Ranch are drawn to the Ranch because of the horses. While some of the Sessions will include learning to correctly handle, groom, wash, round pen and even assist "vet" horses, Session Plans are geared toward developing person growth and helping to build a bridge of understanding through the pain or difficulty an individual may be experiencing, not to become an accomplished horseman/horsewoman or rider. If you would like riding or horsemanship specific training, talk to us and we can make a recommendation.

Disclosure and Consent Statements

Clothing & Equipment Requirements & Recommendations

- Shoes/boots with closed toes and closed heels are required. Leather boots are recommended for greatest protection. (Sometimes, we have extras on hand). No steel-toed boots should be worn for safety reasons.
- Nothing is permitted to be hanging down around the neck or tied around the waist while working around the horses
- Sessions are Rain or Shine. Come prepared. Sacramento weather is HOT in the summer and winter is ever changing; layered clothing is always a good idea.
- We recommend that individuals bring their own hat, water bottle, snacks and sunscreen.

Safety Rules

- Children may not be unattended.
- Children may not run or play loudly.
- Dogs are not allowed to be brought onto Hearts Landing Ranch property.
- The session areas, barn, or horse areas are not open to parents, family members, caregivers or visitors without prior permission.

Possible Reasons for Participant Discharge

- Fees are not paid as originally agreed.
- The participant has reached all of his/her goals.

- The participant misses scheduled appointments without prior cancelation. (You will be charged for the time, if proper notice of 48hrs is not given).
- The participant's inability to follow directions is interfering with progress toward goals.
- The participant is uncontrolled and/or participates in inappropriate behavior that constitutes a safety risk to him/herself, staff, volunteers, and/or horse(s).

Cost

The cost of an Equine-Assisted Psychotherapy (EAP) session is \$175 per person group rate (with a minimum of 3) or \$300 for a private session. We are private pay, and can accept credit card, check, Venmo, PayPal, cash or HSA. If you have medical insurance, a portion might be covered through your mental health professional. We are not set up to bill insurance directly. Fees must be paid out of pocket. All those who have insurance to assist with this fee are expected to handle payment for services and bill their insurance company themselves. We are willing to provide receipts needed to do so. It is your responsibility to see that all fees are covered. If you will be filing to your insurance, it is IMPORTANT that you realize that we must assign a diagnosis, and that diagnosis will permanently be on your medical record. We strive to keep the tuition fee as low as possible through vigorous fundraising efforts conducted throughout the year, as well as through the help of scouts, and local businesses and churches who have committed donations, and volunteer hours. Financial assistance in the form of a scholarship is available to a limited degree for those who qualify. Please inquire about the sliding scale if payment is not possible without assistance. Payment in full is required at the beginning of each session, and scholarships must be secured ahead of time. Due to the high level of program activity, we are not able to offer refunds, make-ups for missed sessions, or carry a balance over from one session to the next.

If you are unable to keep your appointment, please give 48 hours' notice. Unless there is an extreme emergency, we will charge you 1/2 of your fee if 48hrs of notice is not given. And you will be charged the full fee if no notice is given.

If you are in the position to give further, consider planned giving through Mandatory IRA disbursements, Owner Advised Funds, Stock Options and Estate Planning. We encourage you to talk with family and friends who are passionate about giving back. Many companies also match employee donations. Hearts Landing Ranch is an approved Benevity nonprofit.

Photo Release

Regarding the use and reproduction by Hearts Landing Ranch of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program. (Initial your response):

I consent to and authorize _____ I do not consent to nor do I authorize: _____

Confidentiality Policy

Confidentiality is defined as "told in secret or private relations; trusted." Any information in regards to the participants (clients) at Hearts Landing Ranch must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications.

I have read and understand Hearts Landing Ranch's Policy of Confidentiality and agree to abide by same.

Signature for Confidential Policy: _____

Social Media Agreement

Hearts Landing Ranch appreciates clients' enthusiasm in sharing the growth and experiences from being part of this program. However, we ask that you consult with Hearts Landing Program Director before posting any videos of your sessions online and/or referencing Hearts Landing (including on Facebook, Instagram, YouTube, Twitter,

Vine, etc.). For those who do not know our work, some of the therapeutic exercises may be taken out of context. Also, not everyone in our program is open to sharing their personage on social media.

I agree to request permission from the Hearts Landing Ranch Program Director before posting personal videos online of any sessions that I may capture or be featured in and/or before referencing Hearts Landing Ranch.

Signature for Social Media Agreement: _____

I have read and understood the Participant documents in their entirety:

Name Signature Date Full

Thank you for taking the time to thoroughly fill this form out and provide a transparent and complete assessment.

NOTE: Please make sure that the above form is complete. Incomplete forms will only delay the admission process or void it completely. If you have any questions, please feel free to refer to our website www.heartslandingranch.com or call us at 916-521-1343.

Please send interest request forms via email to: heartslandingranch@gmail.com

Demographic Data Form

Notice to Applicants - Completion of this Form is Voluntary.

The purpose of this Data Form is to provide statistical data being requested when Heats Landing Ranch applies for grant money...which helps the Ranch provide services to more people. The data you provide on this form will be kept confidential and used solely for statistical purposes. Completion of this form (pages 7 & 8) is optional and voluntary.

Date: _____ Name: _____

Voluntary Self-Identification of Ethnicity, Race, Age Range, and Gender

Race/Ethnicity: (Please Select One)

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race;
- White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East;
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa;
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands;
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;
- American Indian or Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition; and
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.
- Other:** (Please specify) _____

Age range:

- Under 12
- 12-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and older

Gender:

- Male
- Female
- Transgender
- Decline to state
- Other (please identify): _____

Voluntary Self-Identification of Education and Employment Status

Level of Education: (Mark all that apply)

- No schooling completed
- High School graduate or equivalent (GED)
- Some College credit--no degree
- Trade School Certification: Please identify _____
- Associate Degree
- Bachelor Degree
- Master's Degree
- Professional Certification: Please identify _____
- Doctorate Degree

Employment Status:

- Employed full time
- Employed part time
- Retired
- Self-Employed
- Homemaker
- Military
- Unable to Work

Are you Bilingual? Yes No If yes, what language _____

Voluntary Self-Identification of Veteran Status

Served during (Please mark all that apply):

- Post 9/11** (Sept. 11 2001-Present)
- Gulf War** (Aug. 1990-Aug 2001)
- Vietnam Era** (Aug. 1964 – April 1975)
- Korean War** (July 1950-Jan. 1955)
- World War II** (Dec. 1941-Dec. 1946)
- Peacetime Only** (Includes Jan 1947-June 1950, Feb 1955-July 1964, and May 1975-July 1990)

Voluntary Self-Identification of First Responder Status

- Emergency Medical Technicians**
- Law Enforcement Officers**
- Firefighters**
- 911 Dispatchers**
- Other:** (Please Explain) _____

Signature: _____

Date: _____

THANKS FOR YOUR ASSISTANCE!