



Restoring Lives Thru Rescued Horses

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

Please be aware Hearts Landing Ranch does not provide transportation. We are located in Granite Bay, approx 20 minutes from Sacramento, CA

How to fill out this form

This is our first glance at your child. We want to hear an honest opinion about them. This means we want the good, bad, AND even unpleasant truths. Our program is here to mentor kids while improving their skills personally, spiritually, socially and emotionally. We encourage you to fill out this form with these things in mind:

- Be **HONEST and transparent. Attach pages if necessary.**
- Fill out this form completely, don't leave blanks
- Fill this form out with another individual who knows your child. (Second parent, grandparent, teacher, etc.)
- Talk to and involve your child when filling out the "Tell Us About Your child" section (They may rate themselves differently)
- If there is anything important we need to know about your child other than what has been asked, please let us know in the very last section*

General Information

Date of application: _____

Child's Name: _____ DOB: _____

Parent(s)/Guardian(s) Name(s): _____

Contact's Email: _____ Contact's Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School child is currently enrolled in: _____

Home Schooled Y/N? If yes, what associate school program? _____

School times: _____ Grade: _____ Age: _____ Gender: _____

Child is: ___ Foster Child ___ Adopted Child ___ Birth Child

How did you hear about Hearts Landing Ranch?

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

Name: _____ Agency/Company: _____

Phone: _____ Email: _____

About Your Child:

Please describe your child so that we may better understand who he or she is.

Please rate your child in the following areas 1-5 (5 being strongest in the specific characteristic)

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

Programs HLR offers: Please check mark the area(s) that your child may be interested in.

- ___ Equine (*horses*) ___ Horticulture (*gardening*) ___ Crafting

In your own words please describe why you believe HLR would be of service for your child?

Has/is your child a harm to themselves or others? Y/N? Please describe: _____

Family:

What is your family's or child's religious background? _____

Please describe your child's family environment and interactions. _____

Please list siblings:

Gender: _____ Age: _____ Currently living at home? _____

Gender: _____ Age: _____ Currently living at home? _____

Gender: _____ Age: _____ Currently living at home? _____

Gender: _____ Age: _____ Currently living at home? _____

If parents are divorced/separated what are the living arrangements for the applying child?

Medical History:

Please share any diagnosis or medications your child has had, or has now:

Rx: _____ Condition: _____ Duration On: _____

Rx: _____ Condition: _____ Duration On: _____

Rx: _____ Condition: _____ Duration On: _____

Prescribing Doctor: _____

Has your child been in the care of a therapist? ____ Yes ____ No

Therapist: _____ Time period seen: _____

I authorize of exchange of Confidential Information with my child/ward(s) medical and mental health contacts provided. *Please sign to indicate consent is given.

Signature: _____ Date: _____

Any other comments or information that would better help us understand your child's situation?

Our Heart and You and Your Child's 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 baring 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.

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:

Full Name	Signature	Date
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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!