



“On Fire for Marriage” Workshop Registration Form

General Information:

Date of application: _____

Full Name: _____ DOB: _____

Email: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____ Company: _____

Spouse: _____ Married for _____ years. DOB: _____

Family Member: _____ Relation: _____ DOB: _____

Family Member: _____ Relation: _____ DOB: _____

Family Member: _____ Relation: _____ DOB: _____

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: _____

RX: _____ Condition: _____ First Started: _____

RX: _____ Condition: _____ First Started: _____

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: _____

Are you currently, or have you ever been, a danger to yourself or others? Y/N? Please describe:

I authorize the use of personal, medical and mental health contacts provided, for HLR use including but not limited to scheduling, medical treatment, and team planning.

Signature: _____ Date: _____

What is the one thing you would most like to get out of your time at this workshop? _____

What are the biggest desired growth areas in your marriage? _____

What are your biggest desired personal growth areas? _____

Other:

How did you hear about Hearts Landing Ranch? _____

What is your religious background? _____

If there was one more thing that would better help us understand your situation and goals what would that be?

Please rate yourself honestly in the below areas 1-5 (1 being the least applicable, 3 neutral, 5 most applicable in the specific characteristic)

- | | | |
|---|---|--|
| <input type="checkbox"/> Social interaction | <input type="checkbox"/> Content | <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"/> Honest | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Physically active | <input type="checkbox"/> Helps others | <input type="checkbox"/> Timely completion of chores |
| <input type="checkbox"/> Interaction with animals | <input type="checkbox"/> Happy | <input type="checkbox"/> Fully completes tasks |
| <input type="checkbox"/> Attentive | <input type="checkbox"/> Positive self-esteem | <input type="checkbox"/> Detail oriented |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Depressed | <input type="checkbox"/> Motivated |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Anxious | <input type="checkbox"/> Hard working |
| <input type="checkbox"/> Musical | <input type="checkbox"/> Peer pressured | <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.

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 72 hours' notice of cancellation.

Session Components

For this workshop, please be aware that you will be participating in activities and having group discussions alongside other couples, as well as with Hearts Landing Staff and Therapists present. There is no expectation to have all the answers or complete tasks perfectly, instead just for each individual to show up with curiosity and willingness to listen to others and share authentically. There will be a physical aspect to some of the activities, so come ready to get busy, and make sure to take care of yourself with water breaks if needed.

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 session may include learning to interact with the 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

Statement of Faith

Hearts Landing Ranch is a faith-based organization. Although the ranch is not associated with any particular denomination, we are founded upon Christian principles and values. It is through Christ Jesus' grace, forgiveness and transformation that we have hope and new life. It is our greatest joy and honor to live out our faith in action by serving children and families of all backgrounds with the same loving grace that has been freely given to us.

Clothing & Equipment Requirements & Recommendations

- Shoes/boots with closed toes and closed heels are required. Leather boots without steel toes are recommended for greatest protection. (Sometimes, we have boots on hand, but please bring some if you have them).
- 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. Layered clothing is always a good idea.
- We recommend that individuals bring their own hat, water bottle, and sunscreen.

Safety Rules

- 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

- The participant's inability to follow directions is interfering with progress toward their or other participant 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

HLR has partnered with generous donors to supplement insurance, so that this workshop can be offered to you with no out-of-pocket cost to attend. For registration we will require a credit card on file, to be charged only in the event of a no-show to the workshop, or a cancellation with less than 72hrs notice. In the event of a no-show, or last-minute cancellation \$350 will be charged per couple. If separate cards were given for each individual's application, \$175 will be charged to each card.

Credit Card #: _____ Expiration Date: _____ CVV: _____

Full Name on Card: _____

Billing address if different than contact information: _____

I understand that if I cannot make it to the workshop, advance notice should be given to Hearts Landing Ranch at 279-529-8279. I understand that if less than 72hrs notice of cancellation is given, or I do not show to the workshop, I take financial responsibility for the cost forfeited, and authorize my credit card to be billed for \$350.

Signature: _____ Date: _____

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 the 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 a Hearts Landing Program Director before taking any video or pictures of a session, as well as prior to posting 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 a Hearts Landing Ranch Program Director before taking personal photos or videos and agree that no pictures or videos may be posted online of any sessions that contain another individual that I may capture or be featured in and/or before referencing Hearts Landing Ranch.

Signature for Social Media Agreement: _____

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. Don't forget to complete the Release of Information form below as part of the application; and we would be most appreciative if you would also fill out the Demographic form as well, as it helps us secure grants which help to scholarship and raise funds for events like this, as well as Equine-Assisted Psychotherapy sessions for those with financial hardship.

If you have any questions, please feel free to refer to our website www.heartslandingranch.com or call us at **279-529-8279**.

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



Phone: (279) 529-8279
8902 Quail Ln, Granite Bay, CA 95746
Authorization to Release/Receive Information

Client Name: _____ Date of Birth: _____ PH# _____

Address: _____

I authorize the exchange of information between:

Hearts Landing Ranch

and

(Name, Ph#) _____ Jamie Perell, LMFT, License # 104396 _____ 916-878-8285 _____

And

(Name, Ph#) _____ Thomas "TJ" Price, LMFT, License #112142 _____ 916-420-8843 _____

Duration: The authorization is effective immediately and shall remain in effect for one year from the authorization date unless otherwise specified: _____

Information to Be Exchanged:

- () Mutual exchange of information relevant to assessment, diagnosis and treatment.
() Evaluation or Progress Letter
() Treatment Summary
() Other: _____

I have had it explained to me and fully understand this request/authorization to release records and information, including the nature of the records, their contents, and the consequences and implications of their release. This request is entirely voluntary on my part. I understand that I may take back this consent at any time, except to the extent that action based on this consent has already been taken. This consent will expire automatically after one year from the date on which it is signed, or upon fulfillment of the purposes stated above. I acknowledge that I have been offered a copy and may either accept or refuse.

Authorizing Signatures:

Client: _____ Date: _____

Parent/Guardian/Conservator: _____ Date: _____

Treatment Provider: _____ Date: _____

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

Full Name Signature Date

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

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

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

Voluntary Self-Identification of Veteran Status

Served during (Please mark all that apply):

- Afghanistan (2001-2021)
- 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)
- Other: (Please Explain) _____

Voluntary Self-Identification of Military Branch

- Air Force
- Army
- Coast Guard
- Marines
- National Guard
- Navy

Voluntary Self-Identification of First Responder Status

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

Signature: _____

Date: _____