



WAR HORSES FOR VETERANS, INC.

PROGRAM QUALIFICATIONS AND APPLICATION PROCESS

The War Horses for Veterans program primarily translates into verbal and non-verbal communication techniques that participants will use in their personal and professional lives. The same techniques used to communicate with horses are also effective tools to communicate with humans in an operational environment and within the communities they serve. This program enables the participant to maintain an optimal level of performance and develop their personal and professional abilities, while simultaneously improving their mental performance. Please review our program qualifications below. If you meet our qualifications, please follow the application instructions to apply to our program.

- Program Qualifications: (You must meet all qualifications to apply to the program)
- No horse or ranch skills are necessary to participate
- Participants can be male or female
- Active or Retired Veteran / First Responder
- Must be ambulatory

Application Process:

- YOU must contact us. Someone cannot apply on your behalf.
- Upon receipt of a COMPLETE application packet, the application will be reviewed and you will be notified if you qualify for the next step in the application process.
- Incomplete applications will be returned to you, and you must reapply.
- Application Checklist: (Make sure all the below items are included with your application or else it will be returned to you as incomplete)
- Include a color photo of yourself so staff can put a face to a name
- Completed application (must be signed and dated)
- Include a copy of your DD-214 if applicable
- Notice of Privacy Practices (Must Be Signed)
- Release Authorization (must be signed and dated)

All documents must be signed prior attending the program.

WAR HORSES FOR VETERANS, INC. INTAKE APPLICATION
PLEASE Scan and Email all requested documents to Applications@whfv.org

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male / Female (circle one)

Height: _____ Weight: _____

Street: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ Email: _____

Referral Source: _____

Emergency Contact: _____ Phone Number: _____

Will you have to schedule off work/use PTO to attend this program: _____

Are you engaged in any peer support at your place of employment: _____

Current or Past Agency: _____

Years of services /employment: _____

Past or present military service: _____

Years of Service: _____

Current medical conditions (if any): _____

Current mental health conditions (if any): _____

Any special needs or physical limitations: _____

Allergies (i.e., food, hay, horses): _____

Are you under the care of a medical physician: Yes/ No (circle one) Name: _____ Reason: _____

Are you under the care of a mental health provider: _____ Reason: _____

Do you have a previous mental health diagnosis? Yes/No

-if so, what was the diagnosis and when did you receive the diagnosis: _____

Have you been hospitalized for any medical or mental health in the last 12 months? Yes/ No (circle one)

Have you EVER experienced suicidal ideations or made any plans surrounding these thoughts within the last year? yes/no. If yes, please explain in detail:

Current & past treatment programs (if any): _____

Do you use recreational drugs? Yes/ No (circle one) If so, how often? _____

Have you been arrested in the last 12 months? Yes/ No (circle one) If so, for what?

Are you married? Yes/ No (circle one) _____ # of marriages? _____

Do you have kids? Yes/ No (circle one) If so, how many: _____ Ages: _____

How would you describe your relationships and communication with your family/friends/peers?

Where would you rank your stress levels on a scale of 1-10 the last month? (Things to consider would be family, job, financial stress)
1= no stress at all 10= severely stressed out

1 2 3 4 5 6 7 8 9 10

Where would you rank your overall anxiety levels on a scale of 1-10 within the last month? (Feelings or being easily distracted, physically tense, constant underlying worry) 1= None and 10= All the time

1 2 3 4 5 6 7 8 9 10

Where would you rank your overall depression on a scale of 1-10 within the last month? 1= None and 10= All the time

1 2 3 4 5 6 7 8 9 10

Please rank your ability to handle stressors on 1-10 scale. 1= nothing upsets you 10= overwhelmed often/all the time

1 2 3 4 5 6 7 8 9 10

How would you rank your overall happiness in the last 6 months? 1= not happy at all 10= happy more often than not

1 2 3 4 5 6 7 8 9 10

Where would you rank your general satisfaction with your work? 1= satisfied 10= unsatisfied more days than not

1 2 3 4 5 6 7 8 9 10

Are there any domains in your life that feel unbalanced? (work, family, social etc) If yes, what areas would you like to see change and how?

How would you describe most of your day-to-day feelings and/or thoughts? (Ex: "I am often stressed out and feel unmotivated")

Would you say that there is a great deal of stress in your life? What triggers this stress? Please rank intensity of each stressor 1=not a lot of stress 10=great deal of stress: (ex: relationship with spouse =7)

What tools/methods/distractions do you currently use to deal with life stressors?

Do you feel that there are adequate support systems in your life? If so, what/who are they?

Have you ever experienced a trauma (emotional/physical) that has/ or is affecting you on a regular basis?

Which feelings would you say that you have been or are feelings currently? (Circle all that apply)

Anxious	Reserved	Hopeful	Nervous	Overwhelmed
Stressed	Excited	Curious	Intimidated	Content
Excited	Scared	Other _____		

Horse Experience (if any) please explain:

What is particular has made you want to participate in this program?

What do you hope to get out of this program?

Please list 3 goals/things or areas of knowledge that you hope to gain by the end of the week:

How does our mission statement apply to your personal growth? (MS located on the website)

Please list 3 of your strengths:

What activities are you most interested in engaging? (Circle all that apply)

Grooming (Brushing Horses) Horse handling (leading horses, round pen work)

Lunch Spending time with coworkers outside of work Being distracted from work related issues

Being distracted from home related issues Other _____

What are you most hoping to get out of this week in general or that may apply to your daily life?

WAR HORSES FOR VETERANS, INC. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

War Horses for Veterans, Inc. **DOES NOT** provide medical treatment of any kind (mental or physical). However, some of the information submitted by you during the application process may be considered protected health information. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may send a written complaint to our office or to the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

USES AND DISCLOSURES

Evaluation: Your information may be used by staff members, volunteers, board members and agents of War Horses for Veterans, Inc. and disclosed to health care professionals.

Program Operations: We may use and disclose your information in connection with our program operations. Program operations include examination and screening of applicants, including but not limited to psychological evaluations, participation in the program, and any follow up evaluation conducted following completion of the program for purposes of examining your experience for research purposes.

Law enforcement: Your information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting. It may also be used to respond to workers' compensation, law enforcement, and other government requests or to respond to lawsuits and legal actions.

Public health reporting: Your information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. It may also be used to respond to requests from a medical examiner or funeral director or as otherwise required by law.

Other uses and disclosures require your authorization: Disclosure of your information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision to revoke your authorization.

Individual Rights

You have certain rights under the federal privacy standards. These include: The right to request restrictions on the use and disclosure of your protected health information; The right to inspect and copy your protected health information; The right to amend or submit corrections to your protected health information; The right to receive an accounting of how and to whom your protected health information has been disclosed; The right to receive a printed copy of this notice; The right to see or receive an electronic or paper copy of your medical record or receive a summary of your health information.

Right to Revise Privacy Practices

We reserve the right to amend our privacy policy and practices. These changes in our policies and practices may be required by changes in federal and state laws. Upon request, we will provide you with the most recently revised notice. The revised policy will be applied to all protected health information we maintain. This Notice takes effect May 7, 2014, and will remain in effect until we replace it.

I, _____ have received a copy of War Horses for Veterans, Inc.'s Privacy Practices.

Printed Name _____ Signature _____

Date (mm/dd/yyyy) _____

AUTHORIZATION TO RELEASE INFORMATION

The execution of this form does not authorize the release of information other than that specifically described below. War Horses for Veterans, Inc. may disclose the information that you put on this form as permitted by law.

I _____ hereby request and authorize War Horses for Veterans, Inc. to release all information disclosed by me to War Horses for Veterans Inc. (1) during the application process, (2) during my participation in the program, or (3) following my completion of the War Horses for Veterans, Inc. program, including but not limited to any information disclosed on my application, information disclosed during any interview and the results and substance of any evaluation conducted by War Horses for Veterans Inc. staff for purposes of evaluating my ability to participate in the War Horses for Veterans, Inc. program and analyzing the outcome of my experience.

AUTHORIZATION:

I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I may receive a copy of this form after I sign it upon request. I understand that a copy of this Authorization may be utilized with the same effectiveness as an original. I understand that I may revoke this release at any time, in writing, but the request shall remain valid until revoked, EXCEPT to the extent that action has been taken on such request. I also understand that this release may include medical records of treatment for physical and/or emotional illness, including treatment of alcohol or drug abuse. I also understand that HIV, AIDS, or AIDS-related information may be released.

Printed Name _____ **Signature** _____

DATE (mm/dd/yyyy) _____

WAR HORSES FOR VETERANS, INC. CONSENT AND RELEASE OF LIABILITY AGREEMENT

The undersigned, in consideration for my potential participation in the War Horses for Veterans, Inc. program, does hereby covenant and agree to the following:

Program Rules:

I have read, understand, and agree to abide by the attached Program Rules and Guidelines, which are incorporated herein by reference, for participation in the Program offered by War Horses for Veterans, Inc., and have been given the opportunity to ask questions about this information. **I acknowledge that War Horses for Veterans, Inc. DOES NOT provide any medical treatment (mental or physical).** I understand that War Horses for Veterans, Inc. makes no guarantee of a certain result or outcome from my participation in the Program.

Acknowledgment and Assumption of Risk:

I acknowledge that my participation in the Program will involve riding, handling or being in close proximity to horses, which may also be referred to herein as equines or domestic animals. I accept responsibility for verifying my own health and medical history and certify that I have no physical or psychological problems that would prohibit participation in the Program's activities. Risks, conditions, and dangers are inherent in (meaning an integral part of) horse, equine and domestic animal activities, regardless of feasible safety measures which can be taken.

I hereby knowingly and voluntarily assume all risks, including those resulting from the negligence or fault of others, and also including the risk of death, serious bodily injury, or other personal or property damage associated with, or resulting from, riding, handling or being in close proximity to horses or any other activities. I assume full responsibility for my own conduct and for any injuries or property damage I may cause. I assume all such risks without regard to negligence or fault, for myself and my heirs and agents.

WARNING:

KANSAS LAW, THERE IS NO LIABILITY FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN DOMESTIC ANIMAL UNDER ACTIVITIES RESULTING FROM THE INHERENT RISKS OF DOMESTIC ANIMAL ACTIVITIES, PURSUANT TO: K.S.A. 60-4001 -60-4004, AS AMENDED. I AM KNOWINGLY AND VOLUNTARILY ASSUMING THE RISK OF PARTICIPATING IN THIS DOMESTIC ANIMAL ACTIVITY.

Inherent risks include, but shall not be limited to: (1) the propensity of a domestic animal to behave in ways i.e., running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons in close proximity to a horse is an inherently dangerous activity and involves risks that may cause serious injury and in some cases. I acknowledge that horseback riding and handling a horse or death because of the unpredictable nature and irrational behavior of horses. (2) the unpredictability of a domestic animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other domestic animals or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.

Liability Release:

In consideration of my acceptance to the program, I, on behalf of myself, and my heirs, successors, assigns, and agents, agree to release and hold harmless War Horses For Veterans, Inc, their agents, employees, officers, directors, representatives, assigns, managers, and members, as well as the owners of any premises and trails utilized (hereinafter, collectively referred to as “Associates”), of and from all claims, demands, causes of action and liability, whether the same be known or unknown, anticipated or unanticipated, directly or indirectly arising from my participation in the Program’s activities; and I do hereby further agree that I shall not bring any claims, demands, legal actions or causes of action, against War Horses For Veterans, Inc, or its Associates as stated above in this clause, for any economic and non-economic losses due to bodily injury or death or property damage, arising directly or indirectly from the activities participated in by me hereunder, to include riding, driving, handling, or otherwise being near horses owned by, or in the care, custody or control of War Horses For Veterans, Inc, or its Associates, whether on or off the premises on which the Program is operated.

Consent to Use of Photo/Video:

If accepted into the program, I expressly consent to War Horses for Veterans, Inc.’s use, without charge, of all photos, video or audio recordings taken of me during the program. War Horses for Veterans, Inc. may (1) copyright, broadcast, display, publish, re-publish, and reproduce my image, voice and any statements made by me, in whole or in part, in any and all media forms; and (2) assign me a fictitious name or use my first name, likeness, video, photograph, voice, statements and biographic or other information concerning my participation with War Horses for Veterans, Inc., for fundraising or other promotional and advertising purposes.

Alcohol and Illegal Substances:

There is no alcohol or illegal substances allowed on any property belonging to or operating under War Horses for Veterans Inc. The consumption of alcohol or illegal substances constitutes the immediate removal from the program and all property operating under War Horses for Veterans Inc.

Miscellaneous:

This Agreement shall be interpreted and enforced in accordance with the laws of Kansas and is intended to be as broad and inclusive as permitted by the laws thereof or of any other state where War Horses for Veterans, Inc. program activities occur. Waiver of any provision by War Horses for Veterans, Inc. shall not operate or be construed as a continuing waiver. This Agreement shall survive termination or completion of my participation in the program. If any portion of this Agreement is held invalid, the remainder of it shall remain effective.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE CONSENT AND RELEASE OF LIABILITY AGREEMENT. You further certify that all the information enclosed in this application is true and correct and understand that deliberate misrepresentation will not be tolerated and will result in dismissal from the program. *Your signature must be handwritten. No electronic signatures.*

Printed Name _____ **Signature** _____

Date(mm/dd/yy) _____