



HRET for Veterans

Mailing: 53 Woodview Lane, Lemont, IL 60439
Physical location: Kopping Farms, Lemont, IL
(630)-878-8096
www.holisticridingtherapy.org

Dear Service Member, Veteran, or Supporter,

Thank you for your interest in the Holistic Riding Equestrian Therapy (HRET) pilot equine assisted activities and therapies program for veterans. We are excited to have the opportunity to serve our nation's service members and veterans. When participating in this program, you will not only receive benefits yourself but will also be helping our veterans! This class is taught by certified Professional Association of Therapeutic Horsemanship (PATH) Intl. instructors. Classes consist of each veteran being partnered with a horse. Classes will begin by focusing on equine care, groundwork, horsemanship skills, and bonding/trusting their horse and team members, leading up to the possibility of mounting the horses.

Our goal is to serve as many veterans as we can but this is only possible through receiving grants, individual contributions, and fundraising. This pilot program will help us gather data to qualify for additional financial resources so that we can continue to serve veterans at a discounted rate.

What are the benefits? Programs across the nation have reported that working with horses lowers stress and anxiety, elevates mood, establishes trust and self-confidence, improves balance and core strength, and can decrease pain. In addition, we will be forming a community for participants to enjoy spending time with other veterans/service members, staff and volunteers, and of course the horses!

How can you get involved?

- 1) Nominate a veteran or service member to participate in our program
- 2) Volunteer for a program
 - We would love your help with our veteran or other programs at HRET! Please contact us at hretvolunteer@gmail.com to sign up. Volunteering is also very rewarding and therapeutic!
- 3) Financially sponsor
 - Help us keep this program at no cost to the veterans we serve!
- 4) Spread the word!
 - Like us on Facebook: HolisticRidingEquestrianTherapy and tell all your friends

When? Our pilot classes will start in March or as soon as classes are filled and last 4-6 weeks. We will initially offer separate male and female classes. Each week, classes will consist of a short briefing followed by interactions with our horses. After the pilot program, we will have open veteran classes and will continue to have female only programs. Morning, afternoon, and evening classes are available.

Where? Kopping Farms in Lemont, Illinois

How do I sign up? Fill out the application on our website at <https://www.holisticridingtherapy.org/for-veterans>. After we receive your application, we will follow up with a phone call or e-mail. Please fill out the application immediately as we have a limited number of spots for our pilot program.

Please do not hesitate to contact us if you have any questions. We can be reached at 630-878-8096 or hretrider@gmail.com. We would love to meet you, drop off flyers, or give a formal presentation to you or your organization.

We look forward to welcoming you to HRET for Veterans!



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Program Requirements

1.) Must be a Service Member or Veteran

Proof of military service is required to participate in HRET for Veterans. We will need to see ID and sign this form with you before your first class begins.

Type of ID: _____ (Examples: Military ID, DD214)

Status: _____ (Examples: Active, Retired)

Expiration Date: _____ (If applicable)

Printed Name: _____

Signature: _____

Date: _____

Staff Verification Signature: _____

2.) Commit to the 4-6 week session pilot program. We have a limited number of openings for our pilot so we ask that you commit to and do your best to attend every class. However, we understand that unforeseen circumstances may arise where you may be absent a week. Please let us know 48 hours in advance when possible, but always call so we prepare the proper number of horses for the class.

3.) Clothing Requirements:

- Wear an ASTM/SEI approved helmet which must be worn at all times when with the horses
- Jeans or riding jodhpurs for your class- Please do not wear jeans with bling on the pockets as it will tear up the saddles!
- Closed toed boots with a heel

4.) Weight Limitations: All Individuals are welcome to interview for the classes. PLEASE NOTE: If you weigh over 200 pounds, there may be times when a class may consist of more ground work, horse care, bonding and exercising due to the limited number of horses that can safely carry heavier weight. We will always provide you with a rewarding and informative experience.

Children: We do not have staff or dedicated space to offer safe child care in an equine setting for your children. Please leave non-participating siblings/minors at home if at all possible or make sure that you bring a responsible adult not partaking in classes to stay with them. ALL NON-PARTICIPATING MINORS MUST BE IN AN ADULT'S HAND AT ALL TIMES!

Conduct: It is mandatory that all HRET and Kopping Farms guests comply with all posted or written **safety rules** and abides by all posted **off-limit areas**. **Kopping Farms is a non-smoking facility** and the use of **drugs or alcohol on the property is strictly forbidden**. No mistreatment, abuse, or suggested abuse of any person or animal will be tolerated. For the safety and respect of others, **NO** weapons of any kind are permitted on the premises. Please refrain from shouting, running or any behavior that would disrupt the peaceful environment we need to transform lives. We reserve the right to ask anyone to leave the premises at our discretion.



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HRET for Veterans Participant Information

Name: _____ Date: _____

Birth date: _____ Age (Years): _____ Gender: _____ Height: _____ Weight: _____

Preferred Phone Number: _____ ☐ cell ☐ home work

Second Phone Number: _____ ☐ cell ☐ home work

Email: _____

Address: _____ City, State _____ Zip _____

Preferred Contact Method: (Circle One) ☐ Email ☐ Text ☐ Phone Call

Emergency Contact: _____ Phone: _____

Referral Information: _____

Education: _____ Last grade completed: _____ Post-secondary education: _____

Continuing Education Goals, if any: _____

Any Horse Experience? If so please explain. _____

SERVICE HISTORY:

Military Branch: _____ Rank: _____ Status: _____ Date Retired: _____

Please circle all that apply: OEF OIF OND WTB Date of MEB: _____

Are you registered as an alumni with the Wounded Warrior Project (WWP)? ☐ Y ☐ N



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MEDICAL INFORMATION:

Primary Diagnoses: _____

Medications: _____

Surgeries: _____

Assistive Devices: _____

Average pain Level (1 - 10): _____ Describe: (optional): _____

Medical History: _____

PHYSICAL: (please circle or write what is applicable)

Mobility: Ambulation / Independent / Level Surfaces Only / Needs Supervision / Semi-dependent / Dependent / Assistive Devices / Tone / Gross Motor / Fine Motor / Motor Planning / Balance / ROM

Communication: Verbal / Words / Phrases / Sentences / Articulation / Signs / Gestures / Word Recall / Receptive Language / Expressive Language / Difficulty Talking to Others

Vision: Visual Impairment / Assistive Devices / Light Sensitivity / Night Vision / Visual Hypersensitivity

Auditory: Hearing Impairment / Assistive Devices / Auditory Defensiveness

Memory: Long Term / Short Term

Current Exercise / Therapeutic Regiment: PT / OT / Weights / Aerobic Exercise / Swimming / Walking / Sports

Activities of Daily Living: Bathing / Driving / Shopping / Work / Recreational



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EMOTIONAL:

Depression / Anxiety / PTSD / Trauma / Mood Disorder / Abuse - physical, emotional, sexual / Fearful / Angry

BEHAVIORAL:

Impulse control / Hyperactivity / Attention-Focus / Easily Frustrated / Avoidance / Substance Abuse

Current Therapies / Interventions: _____

Currently in therapy: _____ Completed a course of therapy: _____ Alcohol Use: _____

Smoker/Nonsmoker: _____ Recreational Drugs: _____

What do you do to calm down, to motivate yourself, to relax, etc: _____

HOME & FAMILY:

Married (Y/N): _____ Years Married: _____ Divorced: _____ Widowed: _____

Spouse name: _____ Children (Y/N): _____ Names & Ages: _____

Hometown: _____

General Family History & Information: _____

Current Relationship with Family: closeness to family / maintaining intimate relationships / level of understanding & sharing of thoughts and or feelings / ease of communication: _____

What do you do for fun: Clubs / Hobbies / Recreation / Individual vs group activities: _____

How often do you get to enjoy these activities? _____

Are these activities shared with family/friends? _____



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SPIRITUAL:

How connected do you feel to the world around you? Feelings of isolation / Difficulty staying in the present / Unable to find meaning in life / Unable to see or appreciate beauty / Unable to create positive plans for the future / Unable to feel grounded within myself:

Do you have a spiritual community if so please tell us about it: _____

PERSONAL GOALS:

What would you like to improve in your life over the next few months: _____

What do you want to do that you can't do now: _____

What would you like to learn or do around the horses in the next few months?

Personal Goal #1: _____

Personal Goal #2: _____

Personal Goal #3: _____

For office use only: Received on: _____ Evaluation Date: _____ By: _____