



PROJECT HORSES FOR FORCES, INC.

501(c)(3) Tax-exempt Veterans Services Organization EIN # 82-2363078

Serving Veterans & Active Service Personnel with wounds of service through
partnerships with Veterans and Horses

Thank you for your interest in the programs of Project Horses for Forces!

We have enclosed the registration paperwork required of all program applicants. Please read everything carefully, complete these forms as indicated and return them to the Director at your interview. Thank you.

The Application and Photo Release (pages 3-4) should be completed by the applicant.

The Medical History and Physician's Statement (p 5-6) *must* be submitted to your medical doctor / case worker or mental health professional for their comments and signature, and returned to the Director, Ruth Nortje.

Please be aware that there are certain precautions and contraindications associated with working with large animals and adaptive horseback riding. These are listed on page 2 and also on the Medical History and Physician's Statement for your health care professional. If you have any questions, please feel free to call. The Eligibility Guidelines for Project Horses for Forces are also on page 2.

When you have all above paperwork completed, call to arrange an evaluation interview. The interview cannot take place without the Medical Statement from your Healthcare Professional. Please note that all paperwork is kept in the strictest confidence by the Director. Please bring your paperwork with you to your interview. This will be conducted as a confidential session with the Director – please allow several hours to enjoy the farm atmosphere, meet the herd and staff and talk with us about your unique needs and goals. Please bring your DD 214, VA ID card or active service ID. If it is agreed that equestrian activities are safe and beneficial for you, formal session times will be set up. We do our very best to accommodate individual needs. Unfortunately, we do not offer weekend or evening services.

When you start sessions, you will be asked to provide emergency medical information and contact person details as well as sign a program waiver release for equestrian activities.

Once again, welcome to Horses for Forces! We look forward to meeting you soon.

Sincerely,

Ruth Nortje

Ruth Nortje
Director, PATH Intl. Riding Instructor
PO Box 329 Whitehouse Station, NJ 08889
E-mail: Horses4Forces@gmail.com
Phone: (908) 572 0515

Precautions and/or possible contraindications for horsemanship programs, adaptive riding and farm activities:

<p>Orthopedic Spinal Joint Fusion/Fixation Spinal Joint Instability/Abnormalities Joint subluxation/dislocation Pathologic Fractures Osteoporosis</p> <p>Medical Severe allergies Cardiac conditions Exacerbations of medical conditions (i.e. RA, MS) Uncontrolled blood pressure Hemophilia Medical Instability Migraine (severe) PVD Respiratory compromise Recent surgeries Indwelling catheter / medical equipment</p>	<p>Psychological Substance abuse Thought control disorders Weight control disorders Physically/Emotionally abusive toward others</p> <p>Neurologic Severe Sensory Deficit Seizure (uncontrolled)</p> <p>Other: Skin breakdown Photosensitivity (side effect of some medications) Heat sensitivity Electro-magnetic sensitivity (Powerlines approximately 950ft from the stables. Upper barn facilities available as alternative)</p>
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Most of the above are just precautions that help us assure your well-being, others are strict contra-indications to attending sessions – whether temporary or altogether, while others are contra-indications only to horseback riding but not to participation in horsemanship groundwork and farm activities. Feel free to make notes in this section and we will discuss any of the above that may apply to you at the interview to establish whether they constitute a precaution that we can reasonably accommodate to ensure your safe participation, or whether they are a contraindication to some of our equestrian activities.

Eligibility Guidelines:

The Mission of Project Horses for Forces is to serve Military Veterans of all eras and Active Service Members with service-related visible or invisible wounds & their families, caregivers or significant others through partnerships with horses and Veteran volunteers. Gold Star families & families of those lost to suicide are also included. Project Horses for Forces was formed in direct response to the specific needs of the growing number of Military Veterans and Service Members who suffer from the signature injuries of the Iraq and Afghanistan Wars – Repetitive Blast injury, Combat / Post Traumatic Stress and Traumatic Brain injuries – as well as in response to the ill-defined and hugely neglected needs of Vietnam and pre-9/11 era Veterans.

Since Project Horses for Forces **does not offer professional mental health services**, there are unfortunately some program limitations: Potential participants who experience severe triggers and need to be under direct supervision of a mental health professional may need to be referred to a program more suited to meet their specific needs. They will be then able to return when cleared and in recovery, or as the Program expands and provides mental health services. Every possible effort will be made to reasonably accommodate all individual needs – we have many alternative program options and services for individuals when there is a concern in an area identified in the above list. **Arriving under the influence of a controlled substance cannot be tolerated on the premises for safety reasons. There is also a strict no smoking policy (Horse barns are always at a high risk of fire).**

Project Horses for Forces

245A Old Turnpike Road, Califon, NJ 07830

Mailing Address: PO Box 329 Whitehouse Station, NJ 08889

Participant Application and Photo release

Name: _____ DOB: _____

Address: Street: _____ Town: _____

State and Zip: _____

Phone: H: _____ C: _____ W: _____ (Circle preferred contact #)

E-mail: _____ Permission to receive our Newsletters? Yes _____ No _____

For best communication, do you prefer (please check): Phone calls ____ Text Messages ____ or Email ____

If you select phone call or text as your preferred method of contact and by signing this application, you provide your express consent to be contacted by use at the numbers you have provided, including with an automatic telephone dialing system. Your consent is not a condition of participation, and you can opt-out at any time by responding STOP to a text message or by contacting us. Standard message and data rates apply.

Referral source: (how did you hear about us?) _____

Military service: Active ____ Veteran ____ Retired ____ Military Family ____ Other: _____

Era & Years in service: _____

Branch: _____

Deployments: _____

Health History – please select Yes and provide details if you have any of the following health concerns:

	Yes	No	Comments
Heart			
Sensation			
Neurological			
Circulation			
Breathing			
Allergies			
Emotional / mental			
Sleep			
Bones / Joints			
Pain			Specify:
Muscular			

Any special needs (dietary, adaptive, therapy animal etc): _____

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GOALS (Why are you applying for participation? What are your equestrian goals? What would you like to accomplish?)

HORSE EXPERIENCE (Have you ever ridden or worked with horses?)

ADDITIONAL COMMENTS OR QUESTIONS:

Please select one option below - required

PHOTO RELEASE

I ☐ DO

☐ DO NOT

consent to and authorize the use and reproduction by Project Horses for Forces, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____



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Medical Statement

Dear Health Care Provider: In order to safely provide this service, we request that you complete this form. Below is a program description and a list of conditions that may suggest Precautions and/or possible Contraindications for Adaptive Riding, Horsemanship programs and Farm Activities. Please provide your medical opinion as to whether the applicant may safely participate with or without a reasonable accommodation. Please describe any reasonable accommodations you have identified.

<p>Orthopedic</p> <p><input type="checkbox"/> Joint subluxation/dislocation</p> <p><input type="checkbox"/> Osteoporosis</p> <p><input type="checkbox"/> Pathologic Fractures</p> <p><input type="checkbox"/> Spinal Joint Fusion/Fixation</p> <p><input type="checkbox"/> Spinal Joint Instability/Abnormalities</p> <p>Medical</p> <p><input type="checkbox"/> Severe allergies</p> <p><input type="checkbox"/> Cardiac conditions</p> <p><input type="checkbox"/> Exacerbations of medical conditions (i.e. RA, MS)</p> <p><input type="checkbox"/> Blood pressure control</p> <p><input type="checkbox"/> Medical Instability</p> <p><input type="checkbox"/> Migraine (severe)</p> <p><input type="checkbox"/> PVD</p> <p><input type="checkbox"/> Respiratory compromise</p> <p><input type="checkbox"/> Recent surgeries</p>	<p>Psychological</p> <p><input type="checkbox"/> Substance abuse</p> <p><input type="checkbox"/> Thought control disorders</p> <p><input type="checkbox"/> Weight control disorders</p> <p><input type="checkbox"/> Physically/Emotionally abusive to others</p> <p>Neurological</p> <p><input type="checkbox"/> Severe Sensory Deficit</p> <p><input type="checkbox"/> Seizure (uncontrolled)</p> <p>Other:</p> <p><input type="checkbox"/> Skin breakdown</p> <p><input type="checkbox"/> Photosensitivity (side effect of some medications)</p> <p><input type="checkbox"/> Heat sensitivity</p> <p><input type="checkbox"/> Indwelling catheter / medical equipment</p>
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Considerations:

The following may be considered when determining whether a participant may safely participate in a Horsemanship Program:

1. Most equine activity inherently involves movement. If the movement will cause a decrease in the participant's function, an increase in pain or generally aggravate the medical condition it may not be the activity of choice.
2. The essence of equine activities is the human-animal connection. If this interaction is detrimental to the participant or to the equine, equine activities may be contraindicated.
3. Horseback riding always presents the potential for a fall. Such a fall may cause a greater functional impairment than the participant originally had. The possibility of a fall should be given careful consideration and may lead to the informed decision that mounted activities are not the activity of choice.

4. Working around equines (i.e. grooming, leading, round penning etc.) involves risk. Even the well-trained equine is subject to its instinctive fight or flight responses. Horses are large, move quickly and can be dangerous to the participant who is unable to respond appropriately.

Project Horses for Forces Program Synopsis

In Veterans & Veterans Family Horsemanship Sessions, programs revolve around simply developing bonds with horses. This includes spending time with them – from simply being present in the barn or pasture, to learning about safety around horses; safe handling, grooming and leading; natural horsemanship activities in a round pen, as well as other groundwork activities (unmounted) that develop relationship and trust between horse and human, and even hand grazing the horse on a lead line – a very peaceful activity that requires standing for some time. Even a person using a wheelchair can enjoy many of these activities safely.

There are also options for the Veterans to participate in light farm activities (missions to provide a sense of responsibility and ownership) including mucking stalls, sweeping the barn, cleaning water / feed bins, checking and repairing fences, setting up arena activities for sessions and clearing trailheads, to name a few.

Thirdly, there is the option of horseback riding should a Participant choose to pursue this. Learning to ride a horse follows progressive building block steps in learning how to tack up and mount to safely steering and controlling the horse on the walk. Only once a good seat and balance is achieved and the participant is able to safely control the horse independently, do they progress to riding on the trot and finally canter, should they be in the program long enough. Progression to this level could take around one year.

In my medical opinion, the applicant may (check all that apply):

- ☐ May participate in all aspects of the Veterans & Veterans Family Horsemanship Sessions without limitation.
- ☐ May participate in the equine bonding portion of the program with the following accommodations (if any):

- ☐ May participate in the light farming portion of the program with the following accommodations (if any):

- ☐ May participate in the horseback riding portion of the program with the following accommodations (if any):

Patient / Client Name: _____

Name: _____ Title: MD DO NP Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License / UPIN #: _____

Thank you very much for your assistance. If you have any questions or concerns regarding this person's participation in equine activities, please feel free to contact **Ruth Nortje, Director, at (908) 572 0515.**
Thank you for taking the time to look over this information.

For additional information please visit our Website: <http://horsesforforces.weebly.com>

Mail to: PO Box 329 Whitehouse Station, NJ 08889 E-mail: ruthnortje@gmail.com