



HIGH HOPES
Therapeutic Riding, Inc.

Dear Prospective High Hopes Participant

Thank you for your interest in High Hopes Therapeutic Riding, Inc. Enclosed you will find general information on our programs, the application process, and the required application paperwork.

The application process for the therapeutic horseback riding, carriage driving and equine learning program are the same. Once all the completed forms have been received by our office, you will be added to our waitlist. The information you provide on the enclosed forms will assist us with scheduling and determining the goals and the appropriateness of the program for an individual. Program openings are determined based on the needs of the individual and the availability of resources. Many of our riders return each semester and openings are limited. Please know that we do all that we can to integrate participants whenever possible.

When an opening becomes available, you will be contacted to schedule a pre-riding assessment. A \$50 assessment fee, payable in cash or check, is due at the time of assessment, prior to scheduled enrollment into the program.

Should you have any questions regarding the application process, enclosed forms, would like to arrange a visit or check on the waitlist status, please contact me at 860-434-1974 (Ext. 16) or Lauren Fitzgerald, Lesson Manager, at 860-434-1974 (Ext. 14).

Sincerely,

Liz Adams

Liz Adams
Program Director

High Hopes Therapeutic Riding Application Process & Participation Policies

Application Process: Available on-line or upon request, High Hopes provides the required forms for participation, which must be fully completed and accepted by High Hopes. The following forms are mandatory prior to participation:

- **Registration & Release/Authorization for Emergency Medical Treatment**
- **Medical History**

Each form must be signed by the appropriate party. (Note: our Medical History form must be signed by a physician.) We also ask that you please complete the Rider Questionnaire. The Therapist and Mental Health Data Forms only need to be completed if the prospective participant receives those services.

Once all forms have been received, prospective participants will be placed on the “Rider Wait List” and when an opening becomes available, they will be contacted for a pre-riding assessment conducted by staff. A \$50 assessment fee, payable in cash or check, is due on the scheduled assessment date, prior to enrollment. Please indicate “**Assessment Fee**” on the check memo line or on an attached note accompanying cash payment.

Scheduling: High Hopes offers four semesters per year – Winter (6 weeks); Spring (12 weeks); Summer (6 weeks) and Fall (12 weeks). Sessions are 30-60 minutes in length based on the individual’s needs and schedule availability. Usually, participants with similar goals are grouped together. Sessions are scheduled for the same day and time each week for the length of a semester. High Hopes operates Monday through Saturday during the 12-week semesters, and Monday through Friday during the 6-week semesters. Participants are notified of enrollment four weeks prior to the start of a semester. Confirmation of intent to participate must be made three weeks prior to start of the semester.

Attendance: High Hopes expects consistent attendance by all participants. If you are unable to attend a regularly schedule session, notification must be made by calling the High Hopes office at 860-434-1974 (Ext. 10) as soon as the absence is anticipated so we may provide sufficient notice to staff and volunteers. **Due to our busy schedule and limited resources, there are no make-up opportunities for missed sessions unless High Hopes needs to cancel classes due to some unforeseen circumstance such as inclement weather.** At that time, all reasonable attempts will be made to notify participants at least 2 hours prior to the change.

Attire: Participants should dress weather appropriate and always wear a long pants (even during summer), with sturdy-soled boots or shoes with a ¼ heel. Jackets and gloves are required for cold weather as the indoor arena is not heated.

Payment: Lessons are prepaid on a semester basis. The tuition for each semester is due by the first day of class unless a pre-arranged payment plan or scholarship has been established through individual arrangement with our business office.

Scholarship Application: Through fundraising, High Hopes is able to offer scholarships up to the amount of funds available, in the form of adjusted fees to those who demonstrate need. Participants may apply by requesting a Scholarship Application from the program or business office.

Please see reverse side for Statement of Eligibility

High Hopes Statement of Participant Eligibility or Dismissal

High Hopes Therapeutic Riding offers services to individuals with special needs. Eligibility for participation in High Hopes' programs is based solely upon an individual's ability to participate meaningfully and safely, provided the necessary resources are available including: an instructor, horse, volunteers and class availability which meets an individual's needs. Financial consideration is not taken into account in determining the eligibility for participation.

As a fully accredited PATH Intl. operating center, High Hopes fully ascribes to the Precautions and Contraindications as recommended by the Medical Committee of PATH Intl. as well as Professional Standards. Therefore, our professional staff provides initial and ongoing evaluations for all prospective and active participants.

Due to the nature of therapeutic riding and other equine related activities, there are individuals for whom High Hopes' programs are deemed inappropriate during the evaluation process and are not accepted for enrollment or not eligible to continue in High Hopes' programs. This determination is made on the basis of physical, behavioral and other limitations.

Individuals accepted into High Hopes' programs are required to take part in periodic progress reviews and follow High Hopes' rules and procedures. During these reviews, or as the result of unusual occurrences during a program session, the High Hopes professional staff may find that continuance in the program for a given individual is inappropriate. For this reason, High Hopes reserves the right to discontinue the participation of an individual in its programs when it is deemed that discontinuance is in the best interests of High Hopes and/or the individual concerned.

High Hopes reserves the right to decide we are unable to serve an applicant due to unavailable resource(s) and or/safety concerns including PATH Intl. guidelines relating to contraindications for participation.



REGISTRATION AND RELEASE FORM/
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's Name: _____ Date of Birth: ___/___/___ Age: _____
Weight: _____ Height: _____ Disability: _____
School or Institution Presently Attending: _____ Teacher's Name: _____
Primary Contact Name: _____ Relation: _____
Mailing Address: Street: _____ City: _____ State: _____ Zip: _____
Home Phone: () _____ Cell Phone: () _____ E-Mail: _____

In the event of an emergency

Preferred medical facility: _____
Emergency Contact 1: _____ Relationship: _____
Home Ph: _____ Work Ph: _____ (ext) _____ Cell Ph: _____
Emergency Contact 2: _____ Relationship: _____
Home Ph: _____ Work Ph: _____ (ext) _____ Cell Ph: _____

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize HIGH HOPES THERAPEUTIC RIDING, INC. to: 1. Secure and retain medical treatment and transportation, if needed. 2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) listed cannot be reached. In case of non-consent, please request non-consent form.

Date: _____ Consent Signature: _____
Client, Parent, or Legal Guardian

Photo & Publicity Release

I hereby consent and authorize _____ I do not consent to, nor do I authorize
1) High Hopes Therapeutic Riding, Inc. to use my(my child's) photograph or image in its print, online and video publications;
2) release High Hopes Therapeutic Riding, Inc., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me(my child). Date: _____ Relation to Participant _____
Date: _____ Signature (Client, Parent, or Legal Guardian) _____

Liability Release (Required): _____(Name) would like to participate in the High Hopes Therapeutic Riding, Inc. Program. I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he/she has read this Registration and Release Form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.
Date: _____ Signature (Client, Parent, or Legal Guardian) _____



HIGH HOPES
Therapeutic Riding, Inc.

HIGH HOPES THERAPEUTIC RIDING CONSENT FOR RELEASE OF INFORMATION

I hereby authorize _____
Person(s) or Place(s) releasing information

to release information from the records of _____,
Participant's name

DOB: _____.

The information is to be released to High Hopes Therapeutic Riding, Inc. for the purpose of developing an equine activity program for the above-named participant. The information to be released is marked below.

_____ Medical History

_____ Physical Therapy evaluation, assessment and program plan

_____ Occupational Therapy evaluation, assessment and program plan

_____ Speech Therapy evaluation, assessment and program plan

_____ Psychosocial evaluation, assessment, program plan, discharge summary

_____ Classroom Individual Education Plan (I.E.P.)

_____ Cognitive-Behavioral Management Plan

_____ Other: _____

Date: _____ Signature: _____
Client, Parent or Legal Guardian

Please send the indicated material to High Hopes at the address below. Thank You!



HIGH HOPES
Therapeutic Riding, Inc.

Date: _____

Dear Physician:

Your patient, _____ (participant's name) is interested in participating in supervised equestrian activities.

In order to safely provide this service, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

Orthopedic

Atlantoaxial Instability – include neurological symptoms
Coxa Arthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II malformation/Tethered Cord/
Hydromyelia

Other

Age – usually under 4 years
Indwelling Catheters/medical equipment
Medications, i.e., photosensitivity
Poor Endurance
Skin Breakdown

Medical/Psychological

Allergies
Animal Abuse
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions
Fire Settings
Cardiac Conditions
Hemophilia
Medical Instability
Migraines
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact the center at the address/phone indicated below.

Sincerely,

Liz Adams

Liz Adams
Program Director

(OVER)

PARTICIPANT'S MEDICAL HISTORY & PHYSICIAN'S STATEMENT

Participant: _____ DOB: _____ Height: _____ Weight: _____
 Address: _____
 Diagnosis: _____ Date of Onset: _____
 Past/Prospective Surgeries: _____
 Medications: _____
 Seizure Type: _____ Controlled? Y N Date of last seizure: _____
 Shunt Present? Y N Date of last revision: _____
 Special Precautions, Diets/Needs/Allergies: _____
 _____ May participate in all activities _____ May participate except for: _____
 Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N
 Braces/Assistive Devices: _____
 *For those with Down Syndrome: AtlantoDens Interval X-rays, date: _____ Result: + -
 Neurologic Symptoms of AtlantoAxial Instability: _____

This participant is up-to-date on all the following routine childhood immunization :

	Y	N	Date:
Measles			
Rubella			
Tetanus			
Pertussis			
Polio			
Diphtheria			
Other:			

Please indicate current or past difficulties in the following systems/areas, including surgeries:

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

IMPORTANT NOTE TO DOCTOR/MEDICAL FACILITY:

If you prefer to provide the requested information on your own medical form, we will accept that only when the below release section is completed, signed & dated & your form is stapled to our form.

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a referral of the patient to a licensed/credentialed health professional (e.g., PT, OT, Speech, Psychologist, etc) in the implementations of an effective equestrian program.

Name/Title: _____ MD DO Other: _____
 Signature: _____ Date: _____
 Address: _____
 Phone: _____ License/UPIN Number: _____

**HIGH HOPES THERAPEUTIC RIDING
PARTICIPANT QUESTIONNAIRE**

It is helpful for the staff at High Hopes to know your participation goals, interests, and understand your current status prior to developing a program for you. Please complete the following questions.

Name _____ DOB _____

Please indicate the program(s) you are interested in: Riding____ Carriage Driving ____ Equine Learning ____

Availability: Day(s): _____ Times: _____

Disability _____

Posture: _____

Balance _____

Movement / Coordination: _____

General Attitude & Behavior _____

Perceptual / Balance Problems _____

Communication Challenges & Methods (Verbal, Sign, PEC) _____

Cognitive Abilities (age level, multi step directions) _____

What are your goals for the riding sessions (i.e., riding skills, behavioral changes, physical improvements, paying attention). Please be specific _____

Any special considerations? (i.e., health, precautions, medications, etc.) _____

Describe any previous horseback riding experience _____

Areas of interest, games & activities enjoyed _____

Suggestions/Comments: _____

How did you hear about our program? _____

Please indicate if you would like a scholarship application _____

High Hopes Therapeutic Riding Inc.

THERAPIST FORM (OT/PT)

Please fill in applicable information that may be incorporated into the riding program. Thank you

Name: _____ DOB _____

Diagnosis: _____

Medications: _____

VisualMotor/PerceptualMotor: _____

Sensory Processing: (areas of concern/sensitivity) _____

Motor Skills: (fine motor, motor planning) _____

Joint Evaluation: _____

Functional Ability & Reflex Limitations: _____

Self-Care: _____

Adaptive Equipment (mobility, discreet trial training, ADL, Augmentative communication, PECS, etc.): _____

Sitting: balance: (include static/dynamic surfaces): _____

Behavior: _____

Safety Awareness: _____

Therapy Goals: _____

Successful Intervention Strategies used: (sensory modalities, behavioral, rewards, etc.) _____

Primary Therapist Signature: _____ Today's Date: _____

Print Name/Address/Phone: _____

Please Return completed form to: High Hopes Therapeutic Riding

forms/program/participant forms/new rider packet forms/Therapist Form



HIGH HOPES
Therapeutic Riding, Inc.

MENTAL HEALTH DATA FORM

Client's Name: _____ Date: _____

Treatment Coordinator/Therapist: _____ Phone: _____

Presenting Problems

Diagnosis (DSM-IVTR)

Axis I _____
Axis II _____
Axis III _____
Axis IV _____
Axis V (GAF) _____

History

Current Medications

Drug	Dose	Route	Time	Purpose

Psychiatric Treatment History

	<u>Where</u>	<u>When</u>	<u>Diagnosis</u>
Current Therapy			
Outpatient Therapy			
Inpatient Therapy			



HIGH HOPES

Therapeutic Riding, Inc.

A Tradition of Excellence in Therapeutic Riding

Mission

The mission of High Hopes is to improve the lives of people with cognitive, physical, and emotional disabilities through the benefits of therapeutic horseback riding and other equine-assisted activities, while serving the therapeutic riding profession through training and education.

History

Located in Old Lyme, Connecticut, High Hopes is one of the oldest and largest therapeutic riding centers in the United States, operating since 1974 and accredited by PATH Intl. (formerly NARHA) since 1979. Since its inception, High Hopes has been leading the way in the therapeutic riding profession. Of the now more than 800 therapeutic riding programs that are members of PATH Intl., we were one of the first to be accredited and we were also one of the first centers to be granted a five-year Premier Accreditation certificate when they were instituted by PATH Intl. in 1992. In 1995, High Hopes served as host site to the equestrian events for the Special Olympics World Games, attracting 180 participants from 26 countries. In 1997, we became one of only six therapeutic riding centers approved to teach the PATH Intl. Instructor Training Course. Because of our reputation for excellence, students come from all over the United States and abroad to take our courses, including such far away locations as Germany, Japan, Croatia, South Korea, Belgium, Israel, Ireland and Southern and Central America. To illustrate how we have grown over the years, in 1974 High Hopes had one instructor, eight riders, ten volunteers, borrowed horses, tack and equipment. In fiscal year 2010/2011 we served over 1,550 individuals with the help of more than 625 volunteers who contributed over 36,000 hours and 27 horses specifically trained for therapeutic riding.

Facility

High Hopes operates from a 126 acre riding center built in October 1990 and renovated and expanded in 2001. The property includes 20 acres of pastures with paddocks, over 3 miles of trails for riding and carriage driving, indoor and outdoor arenas, and a specialized Sensory Integration Trail. The primary building contains a family activity area and volunteer and staff kitchens, a 20,000-square-foot indoor arena, staff offices, a library, a state-of-the-art classroom and a therapy room for unmounted therapeutic work. One wing of the building encompasses a 21-stall barn, tack room, feed room, and a hayloft. A customized mounting ramp makes all areas of this facility accessible to people who use wheelchairs.

Programs

Through our year round therapeutic riding and horsemanship programs, High Hopes offers opportunities for skill building and achievement to individuals of all ages who face a multitude of challenges each day: a young adult dealing with mental illness, a child challenged by physical disability, a troubled teen who has been moved from foster home to foster home, a parent recovering from a stroke and the caregiver overwhelmed by stress and worry. The High Hopes experience combines the healing power of the human-animal bond with targeted and attainable goals reached through individualized equine assisted activities. In our 2010/2011 fiscal year, High Hopes served over 1,550 people through our various programs described below:

- **Therapeutic Riding Programs:** Throughout the year, High Hopes offers day and evening therapeutic riding lessons to children and adults with cognitive, physical, psychological and developmental disabilities. A key component of our therapeutic riding program is the integrated team approach that includes professional therapy services. Over the last few years we have seen an increase in the number of our participants who

have been diagnosed with cognitive and behavioral disorders, including autism, as well as teens and adults with mental health disorders such as schizophrenia and severe depression. To address the needs of all our participants in a more comprehensive way, High Hopes incorporated the services of licensed therapy professionals specialized in occupational, expressive arts, speech and physical therapy into our programs. The addition of these therapy professionals provides both direct and indirect services to our participants and also helps in the training and development of our staff and program volunteers.

- **Carriage Driving:** The High Hopes carriage driving program provides those who are too disabled, heavy or frail, or who choose not to ride, with the chance to work in harmony with a horse and to acquire an equine skill. Working with our PATH Intl. certified driving instructors, along with a core group of dedicated volunteers, High Hopes crafted a program that meets the highest professional standards while embodying the passion for excellence and compassion that is our legacy from our founder, Sis Gould. Beyond the physical benefits of improved balance and upper body strength, the mastery of the basic skills needed in driving encourages self-confidence while fostering relationships, both human and equine, built on mutual respect and trust.
- **Unmounted Equine Learning Program:** This is another program intended to serve participants who want to work with horses but cannot or choose not to ride. Participants learn about horse care and barn management under the tutelage of a volunteer coach and PATH Intl. certified High Hopes instructor. Each student is provided with an individualized training program based on his or her interests, skills and specific disability.
- **Summer Camp:** High Hopes offers a comprehensive curriculum on horsemanship, including horse care, stable management, carriage driving, vaulting, games and daily riding lessons. This is an inclusive program for children with and without disabilities, ages 3 to 14. Weekly sessions are grouped by age and riding ability with instruction given by PATH Intl. certified instructors.
- **Instructor Training:** High Hopes serves as a leader in our profession not only in terms of our program innovation and quality, but also as a training and education center for prospective therapeutic riding instructors from all over the world. We are one of only 6 independent therapeutic riding centers in the country approved to offer the PATH Intl. Instructor Training Course. In order to receive PATH Intl. approval, we have met and exceeded stringent requirements for the content and methods of presentation in our therapeutic riding program. Because of our reputation for excellence and high standards, students come from all over the United States and abroad to take our courses. The presence of our Instructor Training students enriches our programs much like resident doctors do in a teaching hospital, and provides a valuable cultural exchange within our community.
- **Volunteering:** High Hopes is a recognized leader in providing volunteer opportunities to over 625 individuals in our community who are an integral part of daily life at our center. The work they do runs the gamut from serving on our 20 member Board of Trustees and various committees to sidewalking (assisting a rider by walking alongside him/her and the horse and offering physical support and encouragement when needed) or leading a horse during a lesson. Others prepare our printed materials for mailing, manage our special events, care for our horses and assist with facility and pasture maintenance. Quality has always been a driving force behind High Hopes' programs and we are able to provide the highest quality of services to such a large participant base thanks to the outpouring of volunteer support we receive. Annually, our more than 625 volunteers give over 36,000 hours of their time to enable people to participate in our programs. They work with our staff of humans and horses to ensure that we provide the best possible therapeutic riding and other equine assisted programs to all who come to High Hopes for help. These volunteers are an invaluable part of our programming and their knowledge and support are essential to our daily operations.

**High Hopes Therapeutic Riding Inc.
2011-2012 Class Dates**

FALL 2011 – 12 WEEK SEMESTER (no program Nov 9 – 12, Nov. 23 – 27)

	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
Monday	12, 19, 26	3, 10, 17, 24, 31	7, 14, 21, 28	
Tuesday	13, 20, 27	4, 11, 18, 25	1, 8, 15, 22, 29	
Wednesday	14, 21, 28	5, 12, 19, 26	2, 16, 30	7, 14
Thursday	15, 22, 29	6, 13, 20, 27	3, 17	1, 8, 15
Friday	16, 23, 30	7, 14, 21, 28	4, 18	2, 9, 16
Saturday	17, 24	1, 8, 15, 22, 29	5, 19	3, 10, 17

WINTER 2012 - 6 WEEK SEMESTER

	<u>January</u>	<u>February</u>
Monday	9, 16, 23, 30	6, 13
Tuesday	10, 17, 24, 31	7, 14
Wednesday	11, 18, 25	1, 8, 15
Thursday	12, 19, 26	2, 9, 16
Friday	13, 20, 27	3, 10, 17
Saturday	14, 21, 28	4, 11, 18

SPRING 2012 - 12 WEEK SEMESTER (program break April 9 – 15)

	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>
Monday	27	5, 12, 19, 26	2, 16, 23, 30	7, 14, 21
Tuesday	28	6, 13, 20, 27	3, 17, 24	1, 8, 15, 22
Wednesday	29	7, 14, 21, 28	4, 18, 25	2, 9, 16, 23
Thursday		1, 8, 15, 22, 29	5, 19, 26	3, 10, 17, 24
Friday		2, 9, 16, 23, 30	6, 20, 27	4, 11, 18, 25
Saturday	25	3, 10, 17, 24, 31	7, 21, 28	5, 12, 19

(Horse Show Days: May 19 - 25)

SUMMER 2012 – 6 WEEK SEMESTER (no classes July 2 – 6)

	<u>June</u>	<u>July</u>	<u>August</u>
Monday	25	9, 16, 23, 30	6
Tuesday	26	10, 17, 24, 31	7
Wednesday	27	11, 18, 25	1, 8
Thursday	28	12, 19, 26	2, 9
Friday	29	13, 20, 27	3, 10

Directions to High Hopes



From I-91 South (approximately 50 minutes From Hartford)

After Rocky Hill, take Route 9 exit in Cromwell (a left-hand exit) toward Middletown and Old Saybrook. Stay in left lane. Take Old Lyme exit off Route 9 (a left-hand exit) onto I-95 North. Stay in the right lane marked "Old Lyme Exit Only" on the Baldwin Bridge. Take Exit 70 immediately at the end of the bridge. Turn left at end of exit ramp, then right at second traffic light onto Halls Road. At the end of Halls Road (the second light) turn left onto Route 1 heading north. Continue two and one-half miles to the CITGO station at Laysville Center on the right. Nearly across from the station is Town Woods Road. Turn left. High Hopes is approximately one-half mile on your left, just past the Lymes' Senior Center.

From New York/New Haven at I-95 North

Get into right-hand lane marked "Old Lyme Exit Only" on the Baldwin Bridge. Take Exit 70 immediately at the end of the bridge. Turn left at end of exit ramp, then right at second traffic light onto Halls Road. At the end of Halls Road (the second light) turn left onto Route 1 heading north. Continue two and one-half miles to the CITGO station at Laysville Center on your right. Nearly across from the station is Town Woods Road. Turn left. High Hopes is approximately one-half mile on the left, just past the Lymes' Senior Center.

From Providence/New London on I-95 South

Take Exit 70. Turn right onto Route 1. Travel two and one-half miles to the CITGO station at Laysville Center on right. Nearly across from the station is Town Woods Road. Turn left. High Hopes is approximately one-half mile on the left, just past the Lymes' Senior Center.

From Route 82 to Route 156

Travel one mile past Hamburg and turn left onto Bill Hill Road. Take second left onto Town Woods Road. High Hopes is about one mile on your right.

From Route 85

Take Route 85 South. Turn right onto Route 161. Go to Flanders Four Corners and turn right onto Route 1. Travel seven miles to Town Woods Road. Turn right. High Hopes is approximately one-half mile on the left, just past the Lymes' Senior Center.