

HighHopes

Therapeutic Riding

HORSES AND HUMANS
IMPROVING LIVES

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 contacted to schedule a pre-riding assessment. A \$50 assessment fee, payable in cash or check, is due at the time of assessment.

Following the assessment you will be added to our waitlist and 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 add new participants whenever possible. When an opening becomes available, you will be contacted to schedule 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. 116).

Sincerely,

Megan Ellis

Megan Ellis
Program Director

High Hopes Therapeutic Riding

Application Process and Participation Policies

Application Process: Available online 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:

- **Participant Registration**
- **Physician's Statement for Participation**

Each form must be signed by the appropriate party. (Note: Our Physician's Statement for Participation form must be signed and dated by a physician.) 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, you will be contacted for an 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 the payment envelope available at the front desk. Following the assessment the prospective participant will be placed on the Rider Wait List.

Scheduling: High Hopes offers a 28-week academic semester and a 9-week summer program. 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 28-week academic semester and Monday through Friday during the 9-week summer semester. 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 scheduled session, notification must be made by calling High Hopes at 860-434-1974 (please speak to the staff member or volunteer who first answers the phone) 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 cancels classes due to some unforeseen circumstance such as inclement weather.** At that time, all reasonable attempts will be made to notify participants at least two hours prior to the change.

Attire: Participants should dress weather appropriate and always wear 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 financial aid has been established through individual arrangement with our business office.

Financial Aid: Through fundraising, High Hopes is able to offer financial aid up to the amount of funds available in the form of adjusted fees to those who demonstrate need. Participants may apply by requesting a Financial Aid Application from the program or business office. Financial aid forms are due by August 15th for the subsequent academic and summer semesters. New participants that enroll midyear may apply for financial aid after they have been assessed and offered a spot. Financial aid cannot be awarded prior to enrollment.

High Hopes Therapeutic Riding Program Offerings

High Hopes operates year round, offering 2 semesters per year – the Academic (Fall and Spring) semester is 28-weeks in length, and the Summer semester is 9 weeks long. Individual sessions are scheduled for the same day and time each week for the length of a semester.

Therapeutic Riding Lessons are planned with the individual's educational, physical, social, and/or recreational goals in mind. Lessons may include warm-up exercises, skill development, activities or games to reinforce goals, and trail rides. Classes may be individual (up to 30 minutes) or group (up to 60 minutes) depending on rider needs and schedule availability.

Equine Facilitated Learning. These unmounted sessions provide a one-on-one learning experience with High Hopes staff and volunteers to develop horse care and stable management skills and to achieve personal goals through working with and around horses. This may include grooming, tacking, feeding, bathing, and other equine-related activities

Carriage Driving Lessons add another dimension to the overall equine experience. The stability offered by the seat in the vehicle enables individuals to be more independent without relying upon sidewalkers for support. Carriage driving sessions include a variety of activities including skill development, obstacle courses and training techniques.

Summer Camp. This integrated program brings together children with and without special needs, ages 4–12, and teaches them horse care, riding, stable management, as well as offering participation in special equine-related projects and activities. These four-day morning sessions are offered during the summer months.

Immersion Camp. Each summer, High Hopes and Lawrence and Memorial Hospital pediatric rehabilitation therapists offer professional and innovative therapies for children during this 4-day program. The Immersion Program targets ages 4-8 with autism, developmental delays, and sensory challenges. Through this collaborative effort, participants will receive the benefits of therapeutic horseback riding and equine assisted activities while receiving skilled support and services from Lawrence and Memorial therapists.

In addition to the above, High Hopes offers outreach programs including Horse Sense Camp, Alternative Learning Program, Specialty Field Trips, Pony Power Demonstrations, and a Veteran's Program. If interested, please contact Megan Ellis, Program Director, for more information.

Program Semester Tuition

High Hopes is committed to providing Equine Assisted Activities and Therapies to individuals and groups who can benefit from these specialized services. As of June 1, 2016, the actual cost per service unit was \$140.00. High Hopes Therapeutic Riding, Inc. provides a sliding-scale tuition by subsidizing this cost through the generosity of individual and corporate sponsors as well as foundation grants and fundraising activities. The tuition that participants are asked to pay is established annually. As of August 1, 2016 that fee is \$50.00 per lesson, 36% of the actual cost. The tuition for the 28-week academic year is \$1,400.00 and the 9-week summer session is \$450.00. Additional financial assistance is awarded through an application and review process, and awards are based on availability of funds and financial need. Additional information can be found on the website at www.highhopestr.org. Questions concerning cost of services can be directed to the Program Director, Megan Ellis, mellis@highhopestr.org (860)434-1974 ext. 116.

Those families that need additional support can apply for financial assistance which is awarded based on the availability of funds and the financial need of the participant and/or their family.

Fees subject to change.

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 individuals' 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 a 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.

Riding Participation Criteria

- Physically able to sit symmetrically with torso upright and legs astride the horse during dynamic movement
- Physically able to maintain head and neck position independently in proper alignment with dynamic movement
- Weigh less than 180 pounds
- Able to sit independently without sidewalker support
- Does not exhibit physical or behavioral conditions that are contraindicated by PATH Intl. (see Medical History Form)
- Have current signed and dated paperwork – including Participant Registration form, Physician's Statement for Participation form, and Annual Update form
- Benefit physically, emotionally, socially and/or cognitively from services provided at High Hopes Therapeutic Riding, Inc.
- Complete an intake assessment where trained staff evaluate eligibility
- Able to tolerate a riding safety helmet
- Ability to accommodate the movement of the horse without pain
- Adequate range of motion in hip(s) to sit astride
- Safety awareness around animals
- Ability to express pain or discomfort
- Behave in a manner that is safe for self, horses and others

Directions to High Hopes

High Hopes is located at 36 Town Woods Road, Old Lyme CT 06371.

From New York/New Haven on I-95 North

High Hopes is approximately 2.5 hours from New York and 40 minutes from New Haven.

Take Exit 70, Old Lyme Exit Only directly after the Baldwin Bridge, then follow Route 1 by turning LEFT at the end of the exit ramp, then RIGHT at the second traffic light onto Halls Road, and LEFT at the end of Halls Road onto Boston Post Road. Continue 2.5 miles until Laysville Center Gas Station and Coffee's Country Market are on your right. Turn left onto Town Woods Road, which is nearly across from Laysville Hardware; look for the sign to the Lyme Senior Center. Proceed about 0.5 miles, just past the Lyme Senior Center, and turn LEFT into our drive.

From Providence/New London on I-95 South

High Hopes is approximately 1.25 hours from Providence and 20 minutes from New London.

Follow I-95 South through Waterford. Take Exit 75, Flanders and East Lyme. Continue STRAIGHT at the exit ramp, and follow signs for US-1 South. Travel about 6 miles, just past Roger's Lake on the right, and turn RIGHT onto Town Woods Road; look for the sign to the Lyme Senior Center. Proceed about 0.5 miles, just past the Lyme Senior Center, and turn LEFT into our drive.

From Hartford on I-91 South

High Hopes is approximately 50 minutes from Hartford.

Follow I-91 South through Rocky Hill. Take Route 9 Exit in Cromwell toward Middletown and Old Saybrook. Take left hand exit to Old Lyme onto I-95 North. Follow I-95 North directions (above).

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PARTICIPANT REGISTRATION ** REQUIRED FOR PARTICIPATION **

Participant's Name: _____ Date of Birth: ____/____/____ Age: _____

Weight: _____ **Height:** _____ **Disability:** _____

Please provide the following information, if applicable:

School or Institution Presently Attending and Teacher's Name: _____

Support Program and Counselor's Name: _____ Email/Phone No. _____

Primary Contact Name (for scheduling and mailings): _____ Relationship: _____

Mailing Address: Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Billing Contact Name: _____ Same as above

Billing Address: Street: _____ City: _____ State: _____ Zip: _____

IN THE EVENT OF AN EMERGENCY

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 VIDEO & PUBLICITY RELEASE

High Hopes takes the privacy of our participants, their families, volunteers, visitors and staff seriously. At the same time we value the use of real images in the promotional and reporting activities which enable us to provide subsidized therapeutic activities.

By engaging in activities at High Hopes Therapeutic Riding, Inc. I understand that I/my child/my ward may be photographed, filmed, or videotaped, and I hereby give High Hopes Therapeutic Riding, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge High Hopes Therapeutic Riding, Inc. from and against any and all claims or actions arising out of, or resulting from any use of your image. High Hopes Therapeutic Riding, Inc. shall not be obligated to use, and may elect not to use, any image. **Consent** **Do Not Consent**

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) _____

PARTICIPANT REGISTRATION

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

Name _____ DOB _____ Gender: _____

Please indicate the program(s) you are interested in:

Riding _____ Carriage Driving _____ Equine Learning _____ Summer Camp _____ Other: _____

Availability: Day(s): _____ Times: _____

Diagnosis: _____

Posture: _____

Balance: _____

Movement/Coordination: _____

General Attitude & Behavior: _____

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

Cognitive Abilities (age level, multi-step directions): _____

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

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

Describe any previous horseback riding experience _____

Areas of interest, games & activities enjoyed _____

Please note that High Hopes Therapeutic Riding, Inc. may require additional proof of medical clearance from a health care provider if deemed necessary.

Signature: _____ Date: _____

Participant/Parent/Legal Guardian

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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
Coxarthrosis
Cranial Deficits
Heterotopic Ossification/Myositis Ossificans
Joint subluxation/dislocation
Osteoporosis
Pathologic Fractures
Spinal Joint Fusion/Fixation
Spinal Joint Instability/Abnormalities

Neurologic

Hydrocephalus/Shunt
Seizure
Spina Bifida/Chiari II Malformation/
Tethered Coed/Hydromyelia

Other

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

Medical/Psychological

Allergies
Animal Abuse
Cardiac Condition
Physical/Sexual/Emotional Abuse
Blood Pressure Control
Dangerous to self or others
Exacerbations of medical conditions (e.g., RA, MS)
Fire Settings
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,

Megan Ellis

Megan Ellis
Program Director

(OVER)

**PHYSICIAN'S STATEMENT FOR PARTICIPATION
** REQUIRED FOR MOUNTED ACTIVITIES ****

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: _____

Mobility: Independent Ambulation? Y N Assisted Ambulation? Y N Wheelchair? Y N

Braces/Assistive Devices: _____

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

Immunization	Y	N	Date:	Immunization	Y	N	Date:
Measles				Hepatitis B			
Rubella				Mumps			
Tetanus				Chicken Pox			
Pertussis				Other:			
Polio							
Diphtheria							
Pneumococcal Conjugate							

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 and dated, and your form is stapled to this High Hopes 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.

_____ May participate in all activities. _____ May participate except for: _____

****FOR PERSONS WITH DOWN SYNDROME:**

Neurologic symptoms of Atlanto Axial Instability: Present Not Present

Name/Title: _____ MD DO Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____

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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			

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THERAPIST FORM (OT/PT)

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

Patient/Participant Name: _____ DOB _____

Diagnosis: _____

Medications: _____

Visual Motor/Perceptual Motor: _____

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: _____

(_____) _____

