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Dear Participant:

At HERD Foundation we are passionate about enhancing the quality of our clients' relationships through connecting with equine partners.

Our sessions are based on the treatment models of the Equine Assisted Growth and Learning Association (EAGALA) and the Professional Association of Therapeutic Horsemanship (PATH). We provide private, individual, and group sessions led by a credentialed mental health professional and an equine specialist with between one and four horses. We embrace the science that humans learn best by doing. This is a hands-on approach, where clients are given the space to project and analyze their situations while making connections and finding their own solutions. The use of this model combined with natural horsemanship methods help build self worth and confidence.

We believe in supporting the entire family. We offer programs for parents, teens, veterans and individuals in recovery. Attached you will find our intake package for New Participants. Please don't be overwhelmed by the paperwork! If you have any questions, we will be glad to help you. Once your paperwork has been received, we will contact you to schedule a session.

HERD Foundation is a non-profit organization; we rely solely on contributions from Individuals and the community to cover the costs for our services. We do not charge for our programs. No family is ever denied services because they cannot contribute. We look forward to meeting you. We'll see you at the farm.

Sincerely,

***Nongae Johnson***  
Co-Founder & Director  
HERD Foundation

***Rhonda Fritzshall***  
Co-Founder & Director  
HERD Foundation



## **INTRODUCTION**

(Please keep for your reference)

HERD Foundation is a not-for-profit organization founded by Nongae Johnson and Rhonda Fritzshall with a mission of enhancing the quality of our clients' relationships through connecting with equine partners.

### **CONSIDERATIONS:**

Due to the inherent risk of all equine related activities each participant will be required to sign a Release and Indemnity Agreement form and an Authorization for Emergency Medical Treatment form. A signature on the Release of Name, Photograph & Personal Information form is requested, but not required.

Participants should wear clothing that is suitable for being at a farm and animal-oriented environment. Clothing and shoes will get very dirty! Closed toe shoes are mandatory and long pants are suggested. We also ask that each participant bring a water bottle. With the exception of the teen group, parents/guardians are required to stay on the premises in the designated areas.

### **ATTENDANCE:**

Regular attendance is important for a successful experience at HERD Foundation. We request that every effort be made to keep absences and tardiness to a minimum. If you are unable to attend a session, kindly email the office, [Rhonda@Herdfoundation.com](mailto:Rhonda@Herdfoundation.com).

Participants must attend 1-1/2 hour once per week sessions for an 8-week period in order to earn a certificate of completion.

### **WEATHER:**

Groups are rarely canceled due to weather. Programming occurs in a covered area. You will be contacted approximately one hour prior to group if the weather is too severe to meet.

### **ENTRANCE TO THE FARM & PARKING:**

The farm is located at 5135 Conklin Dr. Delray Beach FL 33484. You will see the TARA Farms sign at the entrance. Park to the right in the grass area.

### **EVALUATION:**

All participants and parent/guardians will be asked to complete an evaluation form periodically. Feedback is extremely important to our success. Feel free to share your thoughts and feelings with us.



We understand that the excitement and joy of working with our miniature horses, ponies and horses is something that you will want to share with friends and family; however, unscheduled visits are not allowed.

Please send completed application packet to:

HERD Foundation

5135 Conklin Drive

Delray Beach, FL 33484

OR

Email to [info@herdfoundation.com](mailto:info@herdfoundation.com)



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## PARTICIPANT INTAKE FORM

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address (required): \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address (required): \_\_\_\_\_

### **If participant is under 18 y/o - Legal Guardian (must sign all paperwork):**

Child lives with (name): \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address (required): \_\_\_\_\_



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**PARTICIPANT'S HISTORY**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What are some of the goals you would like to achieve through equine therapy and learning:

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Do you currently attend therapy?    Yes            No

Previous or current therapist: \_\_\_\_\_

Please list any Medical Issues we should know about:

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Is there anything else that you would like us to know?

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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

*In the event of an emergency, contact:*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of emergency medical aid/treatment is required due to illness or injury during the participation in programs, or while on the property, I authorize Horses Energy Reflection Direction HERD Foundation, to:

1. Secure and retain medical treatment and transportation if needed; and
2. Release client records upon request to authorized individual or agency involved in the medical emergency treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Non-Consent**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of participating in programs while on the property. In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## CONSENT TO OBTAIN AND RELEASE INFORMATION

If you do not receive therapy (do not complete this form)

Participant's Name: \_\_\_\_\_

This will authorize staff at HERD FOUNDATION, to disclose to and/or obtain from:

Therapist's Name: \_\_\_\_\_

Therapist's Phone Number: \_\_\_\_\_

Therapist's e-mail address: \_\_\_\_\_

### Purpose

The purpose of this disclosure of information is to improve services, share information relevant to services and when appropriate, coordinate services. If other purpose, please specify:

\_\_\_\_\_

### Right to Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to HERD Foundation. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

### Expiration

This information release is for a specific instance, valid for 90 days, and will expire on the following date: \_\_\_\_\_

Unless sooner revoked, this consent is valid for 1 year due to the need for ongoing communication for the coordination of services, and will expire on the following date: \_\_\_\_\_

### Conditions

I understand that HERD Foundation, may condition my services on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

**Form of Disclosure:** Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format or electronically.



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**Redisclosure**

Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of service information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. Other types of information may be re-disclosed by the recipient of the information.

I understand that my participation records are protected under the Federal regulations of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires one year after the signed date.

I understand that by law, I need not consent to the release of this information. However, I choose to do so willingly and voluntarily for the purpose specified above.

I understand I am entitled to a copy of this document in its complete form. My signature verifies that I have received a copy of this release.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## **Photograph(s) Release Form**

I hereby grant permission to use my photograph(s), or other likeness(es) of me in a WORK presently referred to as "THE WORK." This may include, but is not limited to, newspaper and magazine articles, advertising materials, and Internet website content including social media to be used for marketing or advertising purposes designed to benefit the mission of HERD Foundation.

I acknowledge that since my participation in the HERD Foundation program is voluntary, I will not receive financial compensation.

Said photograph(s) or likeness(es) are to be used in connection with the advertising and promotion of HERD Foundation and "THE WORK" maybe published in any and all languages throughout the world.

I also acknowledge that the foregoing rights may be exercised by publishing companies, magazines, newsletters, newspapers, social media and websites.

I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Participant's Name: \_\_\_\_\_

Participant/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # : \_\_\_\_\_

Date: \_\_\_\_\_



## Program Research Informed Consent

### Purpose

During your participation in programming provided by the HERD Foundation at Tara Farm you will be asked to complete a Demographic Survey and self-assessments at your first session and last sessions. Additionally, you will be asked to complete the aforementioned self-assessments again 6 months and 1 year after program completion. You may also be asked to participate in a face to face interview after participating in the program. The purpose of these forms and interview is to help HERD Foundation at Tara Farm gather information on the efficacy of their programs. The data also may be used for research and educational purposes.

### Confidentiality

All information taken from the study will be coded to protect each participant's identifying information. No names or other identifying information will be used when discussing or reporting data. HERD Foundation at Tara Farm will safely keep all files and data collected in a secured locked cabinet in the main office. Once the data has been fully analyzed it will be destroyed.

Please note that participation in the research conducted by HERD Foundation at Tara Farm is voluntary and participants can opt out at any time. Decision to not participate will not affect participant's relationship with HERD Foundation at Tara Farm or their staff.

By signing this form, you authorize the use and disclosure of the responses provided in the demographic survey and self-assessments completed during participation and after program completion in HERD Foundation at Tara Farm's Freedom Patch Programs. Signing this form also authorizes HERD Foundation at Tara Farm to contact you after program completion to obtain self-assessment responses.

\_\_\_\_\_  
Participant Name (please Print)

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date