

**WAR HORSES FOR VETERANS, INC.
PROGRAM QUALIFICATIONS AND APPLICATION PROCESS**

War Horses for Veterans, Inc. is a unique program that has had great success in helping veterans and active military personnel transition from combat to civilian life through the use of horse related activities. Founded in part by a former soldier, we have firsthand insight into what is required in order to make this transition. Please review our program qualifications below. If you meet our qualifications, please follow the application instructions to apply to our program.

Program Qualifications: (You must meet all qualifications to apply to the program)

- No horse or ranch skills are necessary to participate
- Participants can be male or female
- Honorably discharged combat veteran or Active Military
- Must submit a DD214 with application
- Must be ambulatory

Application Process:

- YOU must contact us. Someone cannot apply on your behalf.
- Upon receipt of a COMPLETE application packet, the application will be reviewed and you will be notified if you qualify for the next step in the application process.
- Incomplete applications will be returned to you and you must reapply.

Application Checklist: (Make sure all of the below items are included with your application or else it will be returned to you as incomplete)

- Include a color photo of yourself
- Completed application (must be signed and dated)
- Notice of Privacy Practices (Must Be Signed)
- Release Authorization (must be signed and dated)
- Consent and Release of Liability Agreement (must be signed and dated)
- DD214 Form

Return your COMPLETE application packet to:

War Horses for Veterans, Inc.

P.O. Box 363

Stilwell, KS 66085

or scan and email to info@warhorsesforveterans.com

WAR HORSES FOR VETERANS, INC. APPLICATION

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male / Female (circle one)

Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____ Referral Source: _____

Emergency Contact: _____ Phone Number: _____

Branch of Service: _____ Years of Service: _____

Current medical issues (if any): _____

Current mental health issues (if any): _____

Any special needs or physical limitations: _____

Medications (include prescription, over-the-counter, dose and frequency): _____

Allergies: _____

Are you under the care of a physician: Yes/ No (circle one) Name: _____

Phone Number: _____ Address: _____

Have you had a psychiatric hospitalization in the last 12 months? Yes/ No (circle one)

Current & past treatment programs (if any): _____

Do you use recreational drugs? Yes/ No (circle one) If so, how often? _____

Have you been arrested in the last 12 months? Yes/ No (circle one) If so, for what? _____

Name of Employer: _____

If not employed, have you been seeking employment? Yes/ No (circle one) If so, for how long? _____

What jobs have you applied for in the last 3 months? _____

Are you married? Yes/ No (circle one) Do you have kids? Yes/ No (circle one) If so, how many: _____

Why do you want to participate in this program? _____

What do you hope to get out of this program? _____

SIGNATURE: _____

DATE: _____

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

War Horses for Veterans, Inc. **DOES NOT** provide medical treatment of any kind (mental or physical). However, some of the information submitted by you during the application process may be considered protected health information. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

Questions and Complaints: If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may send a written complaint to our office or to the U.S. Department of Health and Human Services, Office of Civil Rights. We will not retaliate against you for filing a complaint.

USES AND DISCLOSURES

Evaluation: Your information may be used by staff members, volunteers, board members and agents of War Horses for Veterans, Inc., including PJB Management Company, LLC and disclosed to health care professionals, including but not limited to Clinical Associates, P.A., its officers, agents and employees, for the purpose of evaluating your application for participation in War Horses for Veterans, Inc.'s program.

Program Operations: We may use and disclose your information in connection with our program operations. Program operations include examination and screening of applicants, including but not limited to psychological evaluations, participation in the program, and any follow up evaluation conducted following completion of the program for purposes of examining your experience for research purposes.

Law enforcement: Your information may be disclosed to law enforcement agencies to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government mandated reporting. It may also be used to respond to workers' compensation, law enforcement, and other government requests or to respond to lawsuits and legal actions.

Public health reporting: Your information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department. It may also be used to respond to requests from a medical examiner or funeral director or as otherwise required by law.

Other uses and disclosures require your authorization: Disclosure of your information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you noticed us of your decision to revoke your authorization.

Individual Rights: You have certain rights under the federal privacy standards. These include: The right to request restrictions on the use and disclosure of your protected health information; The right to inspect and copy your protected health information; The right to amend or submit corrections to your protected health information; The right to receive an accounting of how and to whom your protected health information has been disclosed; The right to receive a printed copy of this notice; The right to see or receive an electronic or paper copy of your medical record or receive a summary of your health information.

Right to Revise Privacy Practices: We reserve the right to amend our privacy policy and practices. These changes in our policies and practices may be required by changes in federal and state laws. Upon request, we will provide you with the most recently revised notice. The revised policy will be applied to all protected health information we maintain. This Notice takes effect May 7, 2014, and will remain in effect until we replace it.

I, _____ have received a copy of War Horses for Veterans, Inc.'s Privacy Practices.
PRINTED NAME

DATE (mm/dd/yyyy) _____ **SIGNATURE**

AUTHORIZATION TO RELEASE INFORMATION

The execution of this form does not authorize the release of information other than that specifically described below. War Horses for Veterans, Inc., PJB Management Company, LLC and Clinical Associates, P.A. may disclose the information that you put on this form as permitted by law.

I hereby request and authorize War Horses for Veterans, Inc., PJB Management Company, LLC and Clinical Associates, P.A., their officers, directors, owners, members, agents and employees, including but not limited to Dr. Bruce M. Cappo, to release to each other all information disclosed by me to either of them (1) during the application process, (2) during my participation in the program, or (3) following my completion of the War Horses for Veterans, Inc. program, including but not limited to any information disclosed on my application, information disclosed during any interview and the results and substance of any evaluation conducted by Clinical Associates, P.A. for purposes of evaluating my ability to participate in the War Horses for Veterans, Inc. program and analyzing the outcome of my experience.

AUTHORIZATION:

I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I may receive a copy of this form after I sign it upon request. I understand that a copy of this Authorization may be utilized with the same effectiveness as an original. I understand that I may revoke this release at any time, in writing, but the request shall remain valid until revoked, EXCEPT to the extent that action has been taken on such request. I also understand that this release may include medical records of treatment for physical and/or emotional illness, including treatment of alcohol or drug abuse. I also understand that HIV, AIDS, or AIDS-related information may be released.

PRINTED NAME

SIGNATURE

DATE (mm/dd/yyyy)

WAR HORSES FOR VETERANS, INC. CONSENT AND RELEASE OF LIABILITY AGREEMENT

The undersigned, in consideration for my potential participation in the War Horses for Veterans, Inc. program, does hereby covenant and agree to the following:

Program Rules: I have read, understand and agree to abide by the attached Program Rules and Guidelines, which are incorporated herein by reference, for participation in the Program offered by War Horses for Veterans, Inc., and have been given the opportunity to ask questions about this information. **I acknowledge that War Horses for Veterans, Inc. DOES NOT provide any medical treatment (mental or physical).** I acknowledge that should I be referred for an interview or evaluation by Clinical Associates, P.A., it is strictly for purposes of assessing my ability to participate in the program or assessing the outcome of my experience. War Horses for Veterans, Inc. does not endorse Clinical Associates, P.A. and makes no recommendations to me regarding mental health providers should I require such services. I understand that War Horses for Veterans, Inc. makes no guarantee of a certain result or outcome from my participation in the Program.

Acknowledgment and Assumption of Risk: I acknowledge that my participation in the Program will involve riding, handling or being in close proximity to horses, which may also be referred to herein as equines or domestic animals. I accept responsibility for verifying my own health and medical history and certify that I have no physical or psychological problems that would prohibit participation in the Program's activities. Risks, conditions, and dangers are inherent in (meaning an integral part of) horse, equine and domestic animal activities, regardless of feasible safety measure which can be taken. I acknowledge that horseback riding and handling a horse or being in close proximity to a horse is an inherently dangerous activity and involves risks that may cause serious injury and in some cases death because of the unpredictable nature and irrational behavior of horses. I hereby knowingly and voluntarily assume all risks, including those resulting from the negligence or fault of others, and also including the risk of death, serious bodily injury, or other personal or property damage associated with, or resulting from, riding, handling or being in close proximity to horses or any other activities. I assume full responsibility for my own conduct and for any injuries or property damage I may cause. **WARNING: UNDER KANSAS LAW, THERE IS NO LIABILITY FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN DOMESTIC ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF DOMESTIC ANIMAL ACTIVITIES, PURSUANT TO K.S.A. 60-4001 - 60-4004, AS AMENDED. I AM KNOWINGLY AND VOLUNTARILY ASSUMING THE RISK OF PARTICIPATING IN THIS DOMESTIC ANIMAL ACTIVITY.** Inherent risks include, but shall not be limited to: (1) the propensity of a domestic animal to behave in ways i.e., running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; (2) the unpredictability of a domestic animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other domestic animals or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability. I assume all such risks without regard to negligence or fault, for myself and my heirs and agents.

Liability Release: In consideration of my acceptance to the program, I, on behalf of myself, and my heirs, successors, assigns, and agents, agree to release and hold harmless War Horses For Veterans, Inc, PJB Management Company, LLC, and Clinical Associates, P.A., their agents, employees, officers, directors, representatives, assigns, managers, and members, as well as the owners of any premises and trails utilized (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and liability, whether the same be known or unknown, anticipated or unanticipated, directly or indirectly arising from my participation in the Program's activities; and I do hereby further agree that I shall not bring any claims, demands, legal actions or causes of action, against War Horses For Veterans, Inc, PJB Management Company, LLC, and Clinical Associates, P.A. or its Associates as stated above in this clause, for any economic and non-economic losses due to bodily injury or death or property damage, arising directly or indirectly from the activities participated in by me hereunder, to include riding, driving, handling, or otherwise being near horses owned by, or in the care, custody or control of War Horses For Veterans, Inc, PJB Management Company, LLC, or its Associates, whether on or off the premises on which the Program is operated.

Consent to Use of Photo/Video: If accepted into the program, I expressly consent to War Horses for Veterans, Inc.'s use, without charge, of all photos, video or audio recordings taken of me during the program. War Horses for Veterans, Inc. may (1) copyright, broadcast, display, publish, re-publish, and reproduce my image, voice and any statements made by me, in whole or in part, in any and all media forms; and (2) assign me a fictitious name or use my first name, likeness, video, photograph, voice, statements and biographic or other information concerning my participation with War Horses for Veterans, Inc., for fundraising or other promotional and advertising purposes.

Miscellaneous: This Agreement shall be interpreted and enforced in accordance with the laws of Kansas and is intended to be as broad and inclusive as permitted by the laws thereof or of any other state where War Horses for Veterans, Inc. program activities occur. Waiver of any provision by War Horses for Veterans, Inc. shall not operate or be construed as a continuing waiver. This Agreement shall survive termination or completion of my participation in the program. If any portion of this Agreement is held invalid, the remainder of it shall remain effective.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ, UNDERSTAND AND VOLUNTARILY AGREE TO THE ABOVE CONSENT AND RELEASE OF LIABILITY AGREEMENT. You further certify that all the information enclosed in this application is true and correct and understand that deliberate misrepresentation will not be tolerated and will result in dismissal from the program. Your signature must be hand written. No electronic signatures.

Date (mm/dd/yyyy)

SIGNATURE

PRINTED NAME