

# APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

HALTER has been providing services since 1987 to individuals with physical, cognitive, emotional needs, and other challenges. HALTER provides/facilitates Equine Assisted Services (EAS) and is a member of the Professional Association of Therapeutic Horsemanship International (PATH Intl.) All services are provided or supervised by credentialed providers, and children are assessed to determine if HALTER has the resources to meet the child's needs and provide appropriate service/s. Therapeutic Riding, Therapeutic Horsemanship, and Equine Assisted Learning approved participants are assigned to the time that is best matched with their needs. Services are provided Tuesday– Saturday and are scheduled during the school year from September through May, plus limited opportunities in summer months.

Understanding the difference between **Therapy** and **Therapeutic** services is crucial. Therapy is a service that is used to relieve or heal a disorder and is conducted by a licensed professional, such as a Physical, Occupational, Speech or Mental Health therapist. Services that are therapeutic in nature provide restorative and corrective benefits and are not conducted by a licensed professional and are not funded by insurance.

## Services

**Therapeutic Riding** is an equine-assisted activity for the purpose of contributing positively to the cognitive, physical, emotional, and social well-being of individuals with special challenges. The horse's movement provides physical, sensory, and neurological stimulation. Therapeutic benefits include increased muscle strength, balance, coordination, motor skills, communication, self-confidence, self-esteem, and independence (just to name a few).

**Therapeutic Horsemanship** is an un-mounted equine-assisted activity that focuses on teaching participants equestrian and life skills while improving their physical, cognitive, emotional, social, and behavioral skills. Horsemanship activities focus on developing a relationship between the horse and participant and fosters the ability to learn about equine safety, health, behavior, and communication.

**Equine Assisted Learning (EAL)** is an educational approach with the goal of facilitating life skills, personal growth and development with activities that involve horses. Based on a solid foundation based on the best of both psychological and learning theories and practices and incorporates the 6 fundamental principles of trauma-informed practices.

**Hippotherapy (Occupational, Speech and Physical Therapy utilizing horses)** is a treatment strategy that utilizes equine movement. Hippotherapy literally means "treatment with the help of the horse" from the Greek word, "hippos" meaning horse. These services are provided by Spartanburg Regional Healthcare System Pediatric Rehabilitation therapists through a contract with HALTER. For further information and assistance with possible therapy services please contact SRHS Pediatric Rehabilitation: 864-560-6480.

**Summer Programs:** HALTER offers specialty programs that are typically offered first to the children who are on our waiting list, to children who are already receiving services and to other organizations that are serving children with challenges. Contact us to learn about these opportunities.

### **Single Day Field Trips**

**School/Agency/Church/Civic Groups:** HALTER provides single day field trips (does not include horseback riding) and experiences that can be centered on core values, communication skill building, teamwork, leadership skills and building confidence. Each experience is customized to the group or organization's needs and goals. Pricing varies based on the custom program that is developed. Call us to discuss how we serve groups coming from other organizations.

### **HALTER Eligibility Guidelines**

HALTER programs are based on a child's ability to participate safely and effectively and be compliant with the PATH International standards. Enrollment is only offered when the necessary resources are available including: an appropriate horse, volunteers, and class/service suitable to the child's needs.

- Age Requirement:
  - 4 years or older for therapeutic riding
  - 3 years and older for hippotherapy (OT, PT, Speech)
  - Children are served until they leave the public-school system or reach their 21<sup>st</sup> birthday.
- Weight Requirement:
  - Maximum weight for mounted activities, with seasonally appropriate clothing, is 200 pounds.
    - Weight is routinely checked on site.
- Postural Control Requirement:
  - Riders over 80 pounds must be able to maintain a sitting position; at least by holding on with one hand.

### **HALTER Application Process**

- The attached application must be completed in full, including the Physician's Release, signed by a physician.
- Individual assessments will be scheduled after receipt of the completed application including the Physician's Release. Each child will be assessed for the appropriate service, and services will be scheduled if a suitable opening is available, and HALTER can meet the needs of the child. Otherwise, the child will be placed on the waiting list.
  
- Financial assistance is available for those demonstrating financial need. Please contact our Executive Director, Nancy Paschall if you are interested in applying for this assistance.
- Contact Sarah Newman, Program Coordinator at (864) 586-1671 or email at [Sarah@HALTERSC.com](mailto:Sarah@HALTERSC.com) if you have any questions.

# HALTER Research Projects

HALTER participates in research projects with universities using de-identified data about our participants. The term “de-identified data” means that all 18 elements, listed below, are removed prior to data being released to researchers.

The primary purpose of all research conducted at HALTER is to determine changes in the measurements used from before a child begins to participate (or the first measure is taken for children who began participation prior to the collection of data), throughout the child’s participation in HALTER’s services. The analysis of the data allows HALTER to work to continually improve the services we provide and increase positive impacts of those services for our participants. HALTER also provides the outcomes of those measure for each child to the parent/guardian. This information can be shared with teachers, the school system, and treatment providers to help those individuals understand what changes, if any, are being recorded at HALTER.

1. Names.
2. All geographic subdivisions smaller than a state, including street address, city, county, precinct, ZIP Code, and their equivalent geographical codes, except for the initial three digits of a ZIP Code if, according to the current publicly available data from the Bureau of the Census:
  - a. The geographic unit formed by combining all ZIP Codes with the same three initial digits contains more than 20,000 people.
  - b. The initial three digits of a ZIP Code for all such geographic units containing 20,000 or fewer people are changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older.
4. Telephone numbers.
5. Facsimile numbers.
6. Electronic mail addresses.
7. Social security numbers.
8. Medical record numbers.
9. Health plan beneficiary numbers.
10. Account numbers.
11. Certificate/license numbers.
12. Vehicle identifiers and serial numbers, including license plate numbers.
13. Device identifiers and serial numbers.
14. Web universal resource locators (URLs).
15. Internet protocol (IP) address numbers.
16. Biometric identifiers, including fingerprints and voiceprints.
17. Full-face photographic images and any comparable images.
18. Any other unique identifying number, characteristic, or code, unless otherwise permitted by the Privacy Rule for re-identification.

**GENERAL INFORMATION**

**(This section is to be completed by the Parent/Guardian)**

Child's Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

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

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

Child's Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Child's School: \_\_\_\_\_ Home Schooled  YES  NO

Parent/Legal Guardian Name: \_\_\_\_\_

Parent Address (if different from child): \_\_\_\_\_

Parent/Legal Guardian Employer: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

**In the event of an emergency, contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**GENERAL INFORMATION CONTINUED - (To be completed by Parent/Guardian)**

*Describe your child's current abilities/difficulties in the following areas (including assistance required or equipment needed):*

**Mobility:** *Mobility skills such as transfers, walking, wheelchair use, riding a bike:* \_\_\_\_\_

**Social** *Work/school activities, including grade completed, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns, etc.*

**Behavioral/Emotional** *Describe specific current abilities, needs/issues in terms of interactions with others, ability to regulate emotions and behaviors:* \_\_\_\_\_

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**Goals** *What would you like for your child to accomplish in the following areas?*

**Daily activities** *(i.e., getting dressed, toileting without assistance, keeping clean, feeding self, home tasks, etc.):*

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**Mobility** *(basic movement, standing, walking, steps transfer from wheelchair)* \_\_\_\_\_

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**Interactions with others** *(people and animals):* \_\_\_\_\_

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**Communication** *(verbal, nonverbal):* \_\_\_\_\_

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**Everyday Cognition** *(can recognize potential danger, can keep self safe, can focus attention, can make and follow a plan, can follow multi-step directions, can play with others, can solve problems):* \_\_\_\_\_

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**Responsibility** *(ability of a child/young person to manage life tasks important for the transition to adulthood and independent living)* \_\_\_\_\_

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**Other Goals** \_\_\_\_\_

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**Other information you think we should know?**

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*Changes in your child's condition or in HALTER's resources may preclude services being provided.*

**MEDICAL HISTORY/PHYSICIAN RELEASE**

**Parent/Guardian AND Physician MUST COMPLETE**

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Child's Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ ICD10 Code: \_\_\_\_\_

Onset (please check one):  Birth  Childhood  Adolescence

Secondary: \_\_\_\_\_ ICD10Code: \_\_\_\_\_

Tertiary: \_\_\_\_\_ ICD 10Code: \_\_\_\_\_

**\*\*\*Please answer the following questions for children with Down Syndrome\*\*\***

Atlantodens Interval X-Ray Results:  POSITIVE  NEGATIVE X-Ray Date: \_\_\_\_\_

Neurological Symptoms of Atlantoaxial Instability?  YES  NO

**Physician attests to Negative Atlantodens Interval X-Ray Results for child with Down Syndrome:**

Physician's Printed Name: \_\_\_\_\_

Title: MD / DO: \_\_\_\_\_ License/UPIN#: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE LIST ALL CURRENT MEDICATIONS** *(Additional medications can be listed on a separate page)*

1. \_\_\_\_\_ Taken For \_\_\_\_\_
2. \_\_\_\_\_ Taken For \_\_\_\_\_
3. \_\_\_\_\_ Taken For \_\_\_\_\_

**Ambulatory:**  YES  NO    **Uses:**  Crutches  Braces  Cane  Walker  Wheelchair

**Please answer the following medical questions:**

Question	Answer
Does the child have seizures?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>• Are seizures controlled?</li> </ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>• Type of Seizure</li> </ul>	
<ul style="list-style-type: none"> <li>• Date of Last Seizure</li> </ul>	
Does the child have any indwelling medical devices?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<ul style="list-style-type: none"> <li>• Please list device/s if applicable</li> </ul>	
<ul style="list-style-type: none"> <li>• Has the child had a tetanus shot</li> </ul>	<input type="checkbox"/> YES    Date: _____ <input type="checkbox"/> NO

**List any special precautions needed with this child:** \_\_\_\_\_

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**CONTINUE ON NEXT PAGE**

Please CHECK if the following APPLIES to the child: \_\_\_\_\_

Print Child's Name

**BOTH parent/legal guardian/school (P/G/S) AND PHYSICIAN (DR) must complete the following:**

Please indicate if any of the conditions below are present and to what degree.

<i>P/G/S</i>	<i>DR</i>	<i>System Area</i>	<i>P/G/S</i>	<i>DR</i>	<i>System Area</i>
		Allergies (including asthma)			Spinal Joint Fusion/Fixation
		Hearing Impaired / Sensitivity			Spinal Joint Instability/Abnormalities If scoliosis, what is curvature degree: _____
		Balance			Hydrocephalus/Shunt/Shunt Revision
		Cardiac			Paralysis Due to Spinal Cord Injury
		Circulatory / Blood Pressure Control			Spinal Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia
		Cognitive Impairment			Stroke
		Emotional/Psychological			Indwelling Catheters/Medical Equipment
		Immunity			Medication Side Effects
		Skin Break Down			Allergies
		Learning Disability			Animal Abuse
		Muscular			Cancer
		Neurological Condition			Physical/Sexual/Emotional Abuse History
		Orthopedic Condition			Dangerous to Self or Others
		Pulmonary			Fire Setting
		Speech Impairment			Hemophilia
		Tactile Sensation Impairment			Medical Instability
		Visual Impairment			Migraines
		Atlantoaxial Instability-include neurologic symptoms			Peripheral Vascular Disease
		Coxa Arthrosis			Compromised Respiratory
		Cranial Deficits			Substance Abuse
		Heterotopic Ossifications/Myositis Ossificans			Recent Surgeries-List on Separate Page
		Internal Spinal Stabilization Device			Thought Control Disorders
		Joint Subluxation/Dislocation			Weight Control Disorders
		Pathological Fractures			Body Temperature Deregulation
					Allergy to Bee Stings



Activities at HALTER include horseback riding. Can the child tolerate the movement (jarring) that is associated with riding horses? Yes\_\_\_\_ No\_\_\_\_

To my knowledge, there is no reason why this child cannot participate in supervised equestrian activities. I understand that HALTER will weigh this medical information against the existing precautions and contraindications. Therefore, I refer this child to HALTER for ongoing evaluation to determine eligibility for participation.

Physician's Printed Name:\_\_\_\_\_

Title: MD / DO: License/UPIN#:\_\_\_\_\_

Physician's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #:\_\_\_\_\_ Office Fax #:\_\_\_\_\_

**CONTINUE ON FOLLOWING PAGE**

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, contact:

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

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

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

Physician's Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Facility Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

### **CONSENT OR NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT**

*Please check one of the options below to indicate consent or Non-Consent for emergency medical treatment.*

#### **CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**I DO** consent for emergency medical treatment in the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with HALTER. I authorize HALTER and/or its representatives to:

1. Obtain medical treatment and/or transportation if needed:
2. Release records upon request to the authorized agency or its representative involved in the medical emergency treatment.

#### **NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**I DO NOT** give my consent for emergency medical treatment in the case of illness or injury while on the premises of or in connection with HALTER. In the event emergency medical aid/treatment is required due to illness or injury while being on the premises of or in connection with HALTER I wish the following procedure to take place (**LIST PROCEDURE**): \_\_\_\_\_

*\*\*Note: HALTER is unable to guarantee that emergency medical treatment will be withheld\*\**

## **Release, Waiver & Indemnity Agreement**

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

I acknowledge the risks inherent in horseback riding and other forms of equine activity. I, and any of my heirs, assigns, executors, administrators, agents, or attorneys, or any other person acting for, on behalf of, or under the authority or control of me, hereby waive and release forever all claims for damages against HALTER, and any officer, director, shareholder, employee, volunteer, agent, or attorney for HALTER, and any other person acting for, or on behalf of, or under the authority or control of HALTER, resulting from any and all injuries, deaths, or losses my child, my ward, or I myself may sustain while participating in HALTER.

## **Contagious Disease Release and Waiver**

### **For All Guests, Participants, & Volunteers**

I, on behalf of myself, child/children, my personal representatives, heirs, next of kin, spouse, and assigns, hereby acknowledge the risks related to COVID-19 a/k/a the Coronavirus / any contagious disease and other diseases (such as all strains of the flu). I agree to hold HALTER (Healing and Learning Through Equine Relationships) harmless from any claim for illness or death arising from any contagious disease that may be alleged to have been caused directly or indirectly from exposure to any contagious disease at any facility maintained by HALTER or at any function organized by or on behalf of HALTER. I agree that HALTER shall not be liable for any sickness, disease, or death which may be suffered by myself, my child/ children or any guest or invitee of mine arising from or related to any contagious disease. I agree that all risks relating to any contagious disease are to be borne by me. I hereby assume the sole responsibility for and agree to indemnify, defend, and save HALTER harmless from any and all loss and expenses (including legal and expert witness fees actually incurred) by reason of the liability imposed upon any of HALTER due to illness, including death at any time resulting therefrom, sustained to myself, my child/ children, my guests, and invitees, on account of any contagious disease. I expressly warrant and represent to HALTER that neither I nor any of my children, guests or invitees have knowingly contracted nor been exposed to any contagious disease nor are any of the aforesaid exhibiting any symptoms of any contagious disease. If I later discover that the aforesaid representation and warranty is false in any manner, I agree to immediately notify the Executive Director, Nancy Paschall, or in her absence, the Program Coordinator, Sarah Newman of HALTER and provide as much detailed information as is available.

## CONFIDENTIALITY POLICY

Maintaining the confidentiality of our participants' medical and sensitive information is of utmost importance to the staff at HALTER. Participants and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. HALTER staff and volunteers will preserve this right of confidentiality for all individuals in its program. HALTER staff, volunteers, and workshop participants will keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family. All participants, their families, volunteers, employees, and guests have a right to confidentiality. Therapy services are medical services (such as those provided through the contract with the Spartanburg Regional Hospital contract), and federal confidentiality regulations apply for participants in these services. Anyone who works, volunteers for, participates in, or provides services to HALTER is bound by this policy. This includes, but is not limited to, full and part time staff, independent contractors, temporary employees, volunteers, and guests. In effect, this policy applies to anyone connected to HALTER who could obtain medical/sensitive information accidentally or purposely. Confidentiality includes photographic/video imaging. I affirm that I understand this policy in its entirety, and I agree to comply.

## MEDIA/ VIDEOGRAPHY / IMAGING RELEASE

- I DO*  *I DO NOT* consent to and authorize the use and reproduction by HALTER of any and all photographic, or other audio/visual materials taken of me and/or my child or the participant for whom I am the legal guardian of, and any artwork produced by me and/or my child or the participant for whom I am the legal guardian of or other family members for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

**CONTINUE ON NEXT PAGE**

## **CODE OF CONDUCT**

(PLEASE RETAIN THIS PAGE FOR YOUR RECORDS)

All personnel, volunteers, children/participants, and guests are expected to behave in a way that does not put other people, animals, or property at unreasonable risk. Recognizing that while the behaviors of some children and guests may be caused by medical or behavioral health diagnoses, the facility, volunteers, and staff are not able to provide a sufficient level of safety to allow the exhibition of behaviors that, by their nature or magnitude, put others at unreasonable risk. Individuals who have a conduct violation may be discharged from all services and activities provided by HALTER, based on the determination of the Executive Director or Program Coordinator.

Code of Conduct consist of any of the following:

### **Conduct Violations**

1. Removing property from the premises without proper authorization
2. Gross immorality and/or disorderly conduct; including actions and/or words.
  - a. Includes violation of physical and emotional boundaries of other people.
3. Violation of posted or signed rules and regulations
4. Damaging, defacing, or destroying property
5. Verbal intimidation, including, but not limited to, inciting and/or derogatory statements.
6. Physical intimidation, assault, and/or battery against another
7. Making false and/or incomplete accusations or charges
8. Conduct tending to bring HALTER into disrepute and/or injury to its good name.
9. Theft and/or misappropriation of funds, or not making timely or complete payment of fees.
10. Making false or misleading statements and/or reports (by act or omission)
11. Conducting an illegal and/or unapproved activity
12. Any activity that puts children/participants, volunteers, horses and/or staff at unacceptable risk of injury due to their behaviors towards themselves or others, as determined by the Executive Director.
13. Individuals who have been accused or convicted of a sexual offense or any offense against a child.
14. Children/participants/volunteers who do not willingly participate.
15. Children/participants/volunteers who are obviously impaired by alcohol or street drugs, or prescription medication not being taken as directed.
16. Children/volunteers who inconsistently attend the service at the scheduled time, without medical reason and sufficient communication with HALTER.
17. Indecorous conduct, not otherwise listed above, as defined by the Executive Director or Program Coordinator

**The signature/s below indicates that I agree to ALL the following terms:**

1. EMERGENCY MEDICAL TREATMENT (can chose no consent)
2. RELEASE, WAIVER & INDEMNITY
3. CONTAGIOUS DISEASE WAIVER & INDEMNITY
4. CONFIDENTIALITY POLICY
5. UNDERSTANDING OF USE OF DE-IDENTIFIED DATA FOR RESEARCH
6. MEDIA POLICY
7. CODE OF CONDUCT

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Printed Name of Child

Date

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Signature of Child if Age 18 and competent

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Printed Name of Parent or Legal Guardian Name

Date

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Signature of Parent or Guardian of Child, if Child under the age of 18 or not competent