



HALTER EASEL® APPLICATION

Equine Assisted Social Emotional Learning

Healing and Learning Through Equine Relationships (HALTER) provides/facilitates Equine Assisted Services (EAS) for children. HALTER, as a member of the Professional Association of Therapeutic Horsemanship International (PATH Intl.), follows the PATH Intl. Standards, and all services are provided or supervised by credentialed providers.

EASEL® is a strengths-based experiential learning model with horses which includes trauma-informed principles to facilitate the acquisition of seven essential skills: emotional literacy/emotional intelligence, communication, identifying core values, distress tolerance, problem solving, and setting Specific Measurable Achievable Relevant Time-limited goals. Central to the model is mindfulness, creating opportunities for participants to pause, utilize breathing exercises, assess, choose outcomes, consider possible intended and unintended consequences, act according to the information presented, and evaluate the results. EASEL is not a substitute for mental health services.

Many answers to your questions can be found on our website: HALTERsc.org. Contact office@HALTERsc.com or call (864) 586-1671 if you have any questions.

HALTER Eligibility Guidelines

HALTER programs are based on a child or adolescent's ability to participate safely and effectively and HALTER's ability to remain compliant with the PATH International standards. Enrollment is only offered when the necessary resources are available, including appropriate horses, staff, volunteers (if needed) and the service suitable to the child's needs.

HALTER Application Process

- If HALTER determines that a Physician's Release is in the best interest of HALTER and the applicant, HALTER will require a Physician's Release to participate in HALTER services. Individual assessments will be scheduled after receipt of the completed application. 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.

CONTINUE ON NEXT PAGE



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 help required or equipment needed):

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

Social *Work/school activities, including grade completed, any difficulties or issues in school, leisure interests, relationships, family structure, support systems, companion animals, fears/concerns, etc.* _____

Behavioral/Emotional *Describe specific needs/issues in terms of interactions with others, and the ability to regulate emotions and behaviors.* _____

Describe any prior or current involvement with the juvenile justice system (charges, convictions, diversion from court, etc.) _____

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

Interactions with others *(people and animals):* _____

Mindfulness *(the practice of gently focusing awareness on the present moment):* _____

Communication (*verbal & nonverbal*): _____

Everyday Cognition (*can recognize potential danger, can keep self safe, can focus attention, can make and follow a plan, can follow multi-step directions*): _____

Responsibility (*ability of a child/adolescent to manage life tasks important for the transition to adulthood and independent living*) _____

Problem Solving (*the act of defining a problem; figuring out the cause of the problem; identifying, prioritizing, and selecting alternatives for a solution; and implementing a solution*): _____

Identifying Core Personal Values (*guiding principles to actions and decisions*): _____

Distress Tolerance (*a person's ability to manage actual or perceived emotional distress and being able to make it through an emotional incident without making it worse*): _____

Setting Specific, Measurable, Achievable, Relevant, Time-limited (SMART) goals _____

Emotional Literacy & Intelligence (*Emotional literacy is the ability to name the emotions being felt or seeing in others. Emotional Intelligence is the competency to appropriately handle emotional situations, events*): _____



Other Goals: _____

Other information you think we should know? _____

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

MEDICAL HISTORY

Date: _____

Name of Child: _____

Primary Diagnosis: _____ ICD10 Code: _____

Onset (please check one): • Birth • Childhood • Adolescence

Secondary: _____ ICD10Code: _____

Tertiary: _____ ICD 10Code: _____

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
• Are seizures controlled?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Type of Seizure	
• Date of Last Seizure	
Does the child have any indwelling medical devices?	<input type="checkbox"/> YES <input type="checkbox"/> NO
• Please list device/s if applicable	
• Has the child had a tetanus shot	<input type="checkbox"/> YES Date: _____ <input type="checkbox"/> NO

Please CHECK if the following APPLIES to the child: _____

Print Child's Name

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

<i>P/G/S</i>	<i>System Area</i>	<i>P/G/S</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

List any special precautions needed with this child: _____

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.
3. I give permission to share information with the emergency contact about the child's condition in case of emergency

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, equine owner, 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 illnesses, injuries, deaths, or losses my child, my ward, or I myself may sustain while participating in services at HALTER or being present at HALTER.

CONFIDENTIALITY POLICY

Maintaining the confidentiality of our participants' medical and sensitive information is of utmost importance 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, volunteers, parents of other participants, and guests will preserve this right of confidentiality for all individuals in its services. All medical, social, referral, personal, and financial information regarding a person and his/her family will be shared only on a "need to know" basis. All participants, their families, volunteers, employees, and guests have a right to confidentiality. Therapy services are medical services (such as those provided through by the Spartanburg Regional Hospital and Evolution of Self Counselling are covered by the federal confidentiality regulations. 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.

CONSENT & ASSENT FOR RESEARCH

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 at the end of this



application, 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 by the parent/guardian with teachers, the school system, and treatment providers to help those individuals understand what changes, if any, are being recorded at HALTER.



Minor Assent Document

Project Title: Effects of Equine Assisted Services on Youth at HALTER

Investigator: Kimberly Tumlin, PhD

We are doing a research study about children and horses. This helps us learn more about what helps the children and youth who come to HALTER. If you decide that you want to be part of this study, you will be asked to complete some questions that will take about 20 minutes, several times.

There are some things about this study you should know. We never tell anyone who you are. We don't share any of the information listed on the page **List of Data Points NOT Shared with Researchers.** No one doing the research can ever figure out who you are based on the information we share with them. We will ask you answer some questions before you start receiving services at HALTER, while you are coming to HALTER, and after you finish at HALTER. There are no risks to answering the questions, except that some of them might make you uncomfortable.

When we are finished with this study, we will write a report about what was learned. This report will not include your name or that you were in the study. Ask any questions you have about the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your parents know about the study too.

If you decide you want to be in this study, please sign your name.

I, (print name) _____, want to be in this research study.
(Sign Name) _____ Date: _____

Parent consent for minor or incompetent participant under the age of 22 to take part in research studies at HALTER.

Name: (Print) _____ Date: _____

Signature _____ Date: _____

MEDIA/ VIDEOGRAPHY / IMAGING RELEASE

€ / DO / 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, 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.

List of Data Points NOT Shared with Researchers

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 reidentifying participants.

CODE OF CONDUCT

(PLEASE READ & 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 violations 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
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. CONFIDENTIALITY POLICY**
- 4. MEDIA POLICY**
- 5. CODE OF CONDUCT**
- 6. HALTER POLICIES**
- 7. PARTICIPATION IN RESEARCH (can chose no consent): Youth 16 and over must also sign ASSENT form**

Printed Name of Child

Date

Signature of Child if Age 16 and competent

Printed Name of Parent or Legal Guardian Name: _____

Date

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



CAMP PROGRAM POLICIES

- Children who weigh 200 lbs or more, while dressed appropriately for the weather, will not receive mounted services. Services are not provided to children who are more than 15 minutes late for their service time.
- There are no makeup lessons or refunds for lessons or services cancelled by HALTER.
- Please call **the cancellation hotline at 864-764-0388** as early as possible when you are running late or unable to attend your scheduled service time.
- Planned absences should be submitted to the office by emailing Office@haltresc.com
- All children, guests, siblings, parents, and/or their transportation provider must not be infectious with any communicable disease at the time the child arrives for scheduled services.

Financial Policies

- HALTER's services are charged based on an annual fee and is based on the number of weeks in the service year, rather than an hourly rate per service hour
- Fees will be prorated for late enrollments.
- Financial aid may be available for those demonstrating financial hardship. Please contact our Executive Director, Nancy Paschall if you are interested in applying for this aid.