



## Smiling Goat Ranch Adult Application

Please provide as much information as possible to help us fully understand the needs of yourself and your family and accommodate you and your family as best we can. Our sessions are individualized, so the more detailed information we have the better job we can do.

In addition to this application, if we have never worked with you before, we will require two written or verbal references from non-family members who have known you and your family for at least two years. Suitable references include therapists and other professionals who have worked with you or your family. Please include these references in your application e-mail and provide a phone number or e-mail address so we can follow up if necessary.

*Disclaimer: We have a limited number of spaces available for our programs. Please be as detailed and honest as possible when filling out the above information. Completion of this application form does not guarantee you a space in our programs.*

### Personal Information

Please provide us with the full name and preferred name (if applicable) of the primary participant who will be attending sessions.

**First Name \***

**Last name \***

**Date of Birth \***

**Phone Number \***

**Email \***

**Address \***

**Primary Contact Name, Phone Number, and Email (if different than above)**



**Family Information \***

Please provide us with the full name(s), date of birth, and relationship of any family members/significant others or caregivers. We encourage all family members to attend programs.

**Do any of the members of your family who will be attending programs have any medical conditions/allergies that we need to be aware of? \***

Please be detailed and specific. We need to know of any allergies/medication in case of an emergency.



## Information about the Individual/Family

In this section we will ask you a series of questions about you (or the primary participant) and your family. Please be as detailed as possible in your answers. This information will help us tailor our sessions to you and your family in order for you to get as much out of the program as possible.

**Do you or any family members have a neuropsychiatric or other diagnosis? \***

e.g. PTSD, anxiety, depression, Substance Use Disorder, Autism

**How does your family communicate? \***

(verbal, passive, calm, argumentative, etc.)

**On a scale from 1-5 (1 being not at all and 5 being always), how effectively does your family communicate? \***

**Would you describe yourself and/or any family members as particularly high or low in energy? \***

Please describe in detail your typical level and type of activity. Do you feel you and your family get to move enough during an average day?

**Do you and/or any family members have any aggressive or violent behaviors, toward self or others? \***

Please be honest - aggressive behaviors will not prevent your family from being able to attend sessions. We need to know in advance so that we can provide appropriate support.



## Therapies

**Have you or any family members been evaluated for a neuropsychiatric condition?**

e.g. PTSD, anxiety, depression, Substance Use Disorder, Autism

**Are you and/or any family members currently receiving any therapies? \***

e.g. psychotherapy, grief counseling, physical therapy, occupational therapy

**Have you or any family members received any other forms of therapy at any point in your life?**

## Education/Employment

**What kind of school are your children currently enrolled in, if applicable?**

(homeschool, mainstream, special needs school etc.)

**What is your profession and place of employment, if applicable? \***

**Do you have any concerns about your or your family's education/employment?**



## Interests/Passions

**What do you and your family like to do? \***

**Do you or any family members have any fears or sensitivities? \***  
e.g. animals, loud noises, being touched

**What situations or environments, if any, are stressful for you?**

**On a scale from 1-5 (1 being never and 5 being always), how often do you or your family member(s) experience fear or anxiety?**

## Horse Experience

**Have you and any family members ridden before? If so was it an enjoyable experience? \***

**Have you or any family members participated in a therapeutic riding program, hippotherapy, or equine/animal assisted therapy? \***



**Do you and your family like the outdoors?**

## Information About Your Expectations

**How did you hear about Smiling Goat Ranch or Horse Boy? \***

**Why do you think Smiling Goat Ranch is right for you and your family? \***

**Do you have any expectations about attending Smiling Goat Ranch?**

**What are your goals for you and/or your family in attending Smiling Goat Ranch?**



## Scholarship Application and Demographics

If your application is approved, you will receive twelve weekly sessions at which point you will need to submit a renewal form. Please note that if you miss two or more sessions without prior arrangement, we will discontinue your sessions. For more information please see our liability form.

Smiling Goat Ranch exists to provide time in nature with horses and other animals to low income families free of charge. For that reason we do not charge any families for our sessions.

We do, however, gratefully accept donations if you can afford them. We have several levels of suggested donation which are dependent on your household income listed below:

Less than \$25,000	\$25,000 - \$50,000	\$50 per month
\$50,000 - \$100,000		\$100 per month
\$100,000+		\$200 per month

You can set up a one-time or monthly donation [online](#).

### **Family size \***

### **Do you rent or own your home? \***

Own

Rent

Section 8

Other:

### **What county do you live in? \***

### **Combined Household Income Bracket (annually) \***

Less than \$25,000

\$25,000 - \$50,000

\$50,000 - \$75,000

\$75,000 - \$100,000

\$100,000 - \$150,000

\$150,000 +



In order to fulfill requirements for grants and to better serve our community, we collect certain demographic information. The following demographic questions are optional and any answers will be kept confidential. Thank you in advance.

**Occupation of all household members over the age of 18**

**Education level of all household members over the age of 18**

**Marital and family status**

- Married
- Separated/Divorced
- Single parent
- Other:

**Ethnicity**

- Caucasian
- Hispanic
- Black American
- Native American
- Alaska Native
- Asian American
- Hawaiian/Pacific Islander
- Other:

**Language(s) spoken at home**





**Do any of the following apply to your family? Check all that apply.**

Immigrant/migrant worker

Undocumented immigrants

Living in poverty

Individuals experiencing homelessness

Adults experiencing violence

Individuals experiencing substance abuse

Individuals experiencing mental illness

Homebound caretakers

Black/Indigenous/People of Color

LGBTQ+ individuals



## Checklist

Before submitting this form please read the following information and check each box once you have done so. This is important information and we want to ensure that you have read and understood it fully before attending a session.

**Please Initial to indicate you are aware and accept the rules below:**

WARNING - Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.\*

\_\_\_\_\_ **Initial**

Parents or guardians are at all times responsible for all their children. If you do not watch your children at all times we will have to ask you to leave. \*

\_\_\_\_\_ **Initial**

You, your child and any other person you bring are required to wear proper footwear around the horses at all times. Closed toed shoes are mandatory. Exceptions can be made if your child has sensory sensitivities upon completion of an additional liability form.\*

\_\_\_\_\_ **Initial**

Helmets will be provided but it is your responsibility to ensure that they are worn at all times on the horse. Exceptions can be made if you or your child has sensory sensitivities upon completion of an additional waiver.\*

\_\_\_\_\_ **Initial**

Sessions are by confirmed appointment only. Please do not show up without an appointment. If you do arrive and there is nobody there please leave immediately. This is a working farm we might have dangerous tools, equipment and horses that are not safe around the house when we are not expecting children.\*

\_\_\_\_\_ **Initial**

Please give at least 48 hours notice of a cancellation. If you cancel more than two times, we reserve the right to cancel your scholarship and offer it to another family.\*

\_\_\_\_\_ **Initial**

We reserve the right to cancel a session, however to the best of our ability, will give at least 24 hours notice.\*

\_\_\_\_\_ **Initial**

No pets please unless previously authorized by Horse Boy Staff. All pets will have to undergo an evaluation before being brought to a session.\*

\_\_\_\_\_ **Initial**



Smiling Goat Ranch is a 501c that has helped hundreds of children and adults. From day one we made a vow never to let fees hinder healing; therefore, all of our program needs — including animal feed and care, supplies, and handlers — come from donations and grants. With a \$120,000 annual budget, we are incredibly grateful to those who are in a position to join us with their support. To learn more please go to [smilinggoatranch.com](http://smilinggoatranch.com) and click Get Involved.

Thank you in advance for helping us to continue our growing mission!