



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

APPLICANT

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Gender Identity \_\_\_\_\_

Other Mental Health Diagnosis \_\_\_\_\_

Physical Limitations \_\_\_\_\_

List Limitations \_\_\_\_\_

HEALING HOOF FOUNDATION APPLICATION FOR EQUINE THERAPY FUNDING

Check all that apply to the applicant

- Abandonment
- Abuse
- Accident  
please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Depression
- Developmental Delay  
please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Addiction
- Autism Spectrum
- Blind
- Bullying Victim
- Cerebral Palsy
- Deaf

- Gang Extraction
- Homelessness
- LGBTQ
- Neglect
- PTSD
- Self Care
- Suicide Ideation
- Suicide Attempt
- Veteran
- Victim of Violence



PREVIOUS TREATMENT DATES & PROVIDERS

Treatment

Provider

Dates

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Comments regarding hopeful outcomes, helpful notes, previous experiences, emotional issues

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Allergy to horses or hay? \_\_\_\_\_

Previous horse experience?

Beginner

Intermediate

Advanced

Why is this person seeking equine therapy?

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Preferred start date \_\_\_\_\_

Transportation is available to weekly therapy sessions in Longmont/Boulder for 10 weeks  Yes  No

SUPPORT PERSON(S) & CONTACT INFORMATION

Person	Relationship	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applying Entity/Person

Person	Relationship	Phone	Email
_____	_____	_____	_____

A 10 week session of specialized equine therapy cost~\$1200. What amount, if any, is the participant likely to be able to fund/raise or secure a sponsor for? \_\_\_\_\_

Other relevant information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



THANK YOU FOR YOUR APPLICATION!  
NEXT STEPS...

1. You will receive an acknowledgement email in receipt of your application.
2. Our funding committee will review and make a determination regarding your application.
3. You will be notified of our determination.

*Notification generally occurs within two weeks.*

Determinations include:

- Assignment of equine therapy lead therapist and barn location
- Funding for equine therapy sessions
- Follow-up impact evaluations

FOR OFFICE USE

Facility \_\_\_\_\_

Date \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

PATH, NAHRA

EAGALA

EFP

Gestalt

Other \_\_\_\_\_

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Recommendation \_\_\_\_\_

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

Date sent to applicant \_\_\_\_\_