

## BENNIE'S BARN SERVICES APPLICATION

### APPLICATION FOR THERAPEUTIC RIDING/HORSEMANSHIP/EQUINE ASSISTED LEARNING

Bennie's Barn has been providing services since 2014 to individuals with physical, cognitive, emotional needs, and other challenges. Bennie's Barn provides/facilitates Equine Assisted Activities and Therapies (EAAT) 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 Bennie's Barn 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 lesson time that is best matched with their needs. Services are provided Monday – Friday from 8:00am - 5:00pm as scheduled.

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 which are conducted by a PATH 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 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.



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### Services

**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:** Bennie's Barn 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.

### Bennie's Barn Eligibility Guidelines

Bennie's Barn 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. Child must be 4 years or older for therapeutic riding.

### Bennie's Barn 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 and Physician's Release. Each child will be assessed for the appropriate service, and services will be scheduled if a suitable opening is available and Bennie's Barn can meet the needs of the child. Otherwise, the child will be placed on the waiting list.

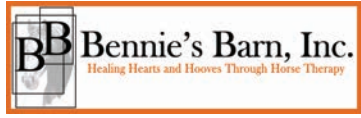
Contact Chip Baker, Executive Director at (580) 548-7258 or email at [benniesbarnenid@gmail.com](mailto:benniesbarnenid@gmail.com) if you have any questions.



## **FINANCIAL ASSISTANCE**

Bennie's Barn is a fee for service provider that accepts direct and waiver payments. If your family needs financial assistance to help cover some of the cost of therapy lessons, we encourage you to look over our list of community based financial assistance programs below, to see if you qualify. This is a list from those we currently accept payments from, but are not limited to only these programs:

- Sooner SUCCESS Respite Vouchers, Deana Wilson, Garfield County Sooner SUCCESS Coordinator, 580-366-9606, she will be able to navigate which one of their programs you may qualify for.  
website: <https://soonersuccess.ouhsc.edu/County-Coordinators/Garfield-County>
- Air Warrior Courage Foundation - Therapeutic Riding Program Financial Assistance,  
website: <https://airwarriorcourage.org/programs/>
- Long Term Care Authority of Enid Area Agency on Aging - Grandparents Raising Grandchildren,  
website: <https://www.ltcaenid.org/grandparent-raising-children-respite-assistance/>



**BENNIE'S BARN SERVICES APPLICATION**

**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

Current Therapies/Services Child Attends: \_\_\_\_\_

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: \_\_\_\_\_

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



**BENNIE'S BARN SERVICES APPLICATION**

**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:* \_\_\_\_\_

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

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

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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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**BENNIE'S BARN SERVICES APPLICATION**

**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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**Positive reinforcement strategies that work best** \_\_\_\_\_

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



**BENNIE'S BARN SERVICES APPLICATION**

**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: \_\_\_\_\_

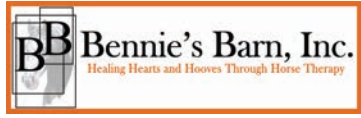
Neurological Symptoms of Atlantoaxial Instability?  YES  NO

**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: \_\_\_\_\_



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

- 1. \_\_\_\_\_ Taken For \_\_\_\_\_
- 2. \_\_\_\_\_ Taken For \_\_\_\_\_
- 3. \_\_\_\_\_ Taken For \_\_\_\_\_
- 4. \_\_\_\_\_ Taken For \_\_\_\_\_
- 5. \_\_\_\_\_ 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

**What do your child's seizures look like? Any signs, causes, triggers we should know about?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**CONTINUE ON NEXT PAGE**





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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.

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



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Activities at Bennie's Barn 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 Bennie's Barn will weigh this medical information against the existing precautions and contraindications. Therefore, I refer this child to Bennie's Barn 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**



## **BENNIE'S BARN SERVICES APPLICATION**

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

Under Oklahoma 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 Oklahoma Equine Activity HB 1152.

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 Bennie's Barn, and any officer, director, shareholder, employee, volunteer, agent, or attorney for Bennie's Barn, and any other person acting for, or on behalf of, or under the authority or control of Bennie's Barn, resulting from any and all injuries, deaths, or losses my child, my ward, or I myself may sustain while participating in Bennie's Barn.

### **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 Bennie's Barn (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 Bennie's Barn or at any function organized by or on behalf of Bennie's Barn. I agree that Bennie's Barn 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 Bennie's Barn 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 Bennie's Barn 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 Bennie's Barn 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. In the event that I later discover that the aforesaid representation and warranty is false in any manner, I agree to immediately notify the Executive Director, Chip Baker, or in her absence, the Program Instructor, Keith Siragusa of Bennie's Barn and provide as much detailed information as is available.



## **BENNIE'S BARN SERVICES APPLICATION**

### **CONFIDENTIALITY POLICY**

Maintaining the confidentiality of our participants' medical and sensitive information is of utmost importance to the staff at Bennie's Barn. Participants and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. Bennie's Barn staff and volunteers will preserve this right of confidentiality for all individuals in its program. Bennie's Barn 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. Anyone who works, volunteers for, participates in, or provides services to Bennie's Barn 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 Bennie's Barn who could obtain medical/sensitive information accidentally or purposely. Confidentiality includes photographic/video imaging. I affirm that I understand this policy in its entirety, entirety, and I agree to comply.

### **MEDIA/ VIDEOGRAPHY / IMAGING RELEASE**

I DO  I DO NOT consent to and authorize the use and reproduction by Bennie's Barn 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**



## **BENNIE'S BARN SERVICES APPLICATION**

### **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 Bennie's Barn, 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 Bennie's Barn 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 Bennie's Barn



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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. **RELEASE, WAIVER & INDEMNITY**
- 2. **CONTAGIOUS DISEASE WAIVER & INDEMNITY**
- 3. **CONFIDENTIALITY POLICY**
- 4. **MEDIA POLICY**
- 5. **CODE OF CONDUCT**

\_\_\_\_\_  
Printed Name of Child

\_\_\_\_\_  
Date

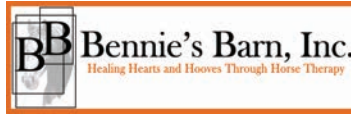
\_\_\_\_\_  
Signature of Child if Age 18 and competent

\_\_\_\_\_  
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

**CONTINUES ON NEXT PAGE**



## BENNIE'S BARN SERVICES APPLICATION

### Program Policies

- Please keep a copy of this entire application packet and print all Bennie's Barn documents emailed to you for your records and reference. These documents are your “official” notices.
- The Application and Physician Release must be kept current for a child to remain on the waiting list.
- Services are not provided to children who are more than 20 minutes late for their service time.
- Please call **Chip Baker at 580-548-7258 or Keith Siragusa at 580-484-0733** as early as possible when you are running late or unable to attend your scheduled service time.
- Planned absences should be submitted to the Executive Director, Chip Baker by emailing him at [benniesbarnenid@gmail.com](mailto:benniesbarnenid@gmail.com) or by calling Keith Siragusa, Instructor.
- 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.
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### Financial Policies

- Bennie's Barn services are charged based on hourly rate per session at \$50.
- Financial assistance is available through aforementioned funding agencies, refer to page 3 of application. Please contact those agencies in applying for this assistance.
- Monthly invoices will be emailed to the email address listed on the financial agreement. Unless asked to be mailed.
  - Each monthly invoice will include a link to pay online using a debit/credit card/electronic check.
- Monthly fee payments are due on the 10<sup>th</sup> of every month.
- A \$25 late fee will be assessed on the 15<sup>th</sup> of the month for accounts that are past due.
- Accounts that are 60 days past due may cause the child to be removed from the program.
- A \$50 returned check fee will be assessed for any check returned by our bank for insufficient funds.
- All fees from prior sessions must be paid in full, including late fees, before registering for the next session
- Contact Chip Baker by email at [benniesbarnenid@gmail.com](mailto:benniesbarnenid@gmail.com) with questions regarding the Financial Agreement.