



Can You Dig It Ranch

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EASEL APPLICATION

Equine Assisted Social Emotional Learning(EASEL) provides/facilitates Equine Assisted Services (EAS) for people. EASEL is a strength-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 (SMART) 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.

Can You Dig It Ranch Eligibility Guidelines

Can You Dig It Ranch programs are based on a participant's ability to participate safely and effectively and Can You Dig It Ranch'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 participant's needs.

Can You Dig It Ranch Application Process

If Can You Dig It Ranch determines that a Physician's Release is in the best interest of Can You Dig It Ranch and the applicant, Can You Dig It Ranch will require a Physician's Release to participate in Can You Dig It Ranch services. Individual assessments will be scheduled after receipt of the completed application. Each participant will be assessed for the appropriate service, and services will be scheduled if a suitable opening is available, and Can You Dig It Ranch can meet the needs of the participant. Otherwise, the participant will be placed on the waiting list.



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To Apply:

1. Fill out the form completely. ALL Forms MUST be signed by BOTH parents/legal guardians.
2. Return the completed application to 10040 Highland Avenue, Lucerne Valley, CA 92356
e-mail : canyoudigitranch@gmail.com.
3. Please fill out the application to the best of your ability. The more information you can provide about the participant, the better. Additional information is key if available. For example, the participant does not like animal related or hits occasionally. Please do not be afraid to share with us the worst and the best of the participant. This allows us to find the best class and team fit, helps in lesson plans, healing and reaching our goals.
4. We will contact you as soon as your application received. We do have a waiting list so we will ask you about the best time for you and your family, then we will contact you when we have an opening that will fit your schedule. You are welcome to check in time to time as schedules may change for yourself or the ranch. You will not have to reapply for each session, but we do require a new application each calendar year.
5. We have a 24 hour cancellation policy. If you cancel within the 24 hours of your session, you will be charged for your class. (Initial)
6. We will bill at the beginning of each session. If payment is not received by the beginning of the following session, we will charge your card on file and your lesson will be given to another participant. (Initial)
7. We ask that you not bring tablets, cell phones or speaking devices to class without speaking to your instructor first.
8. Hitting or hurting horses or the team members continuously will not be tolerated. While we understand sensory situations and will work our best through them, our animals and team members our our livelihood. We are not here to discipline; we are here for healing and helping each participant to reach their goals.
9. Can You Dig It Ranch does not discriminate based on disabilities, race, sex, age, religion or ability to pay.

Name: _____ Signature: _____
(First parent/legal guardian Or Participant if over 18)

Name: _____ Signature: _____
(Second parent/legal guardian)



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GENERAL INFORMATION

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

Participant's Name: _____ Application Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Participant's Height: _____ Weight: _____ Date of Birth: _____

Parent Phone: (C) _____ (W) _____ (H) _____

Parent E-mail Address: _____

Participant's School: _____

Home Schooled . YES NO

Parent/Legal Guardian Name: _____

Parent Address (if different from participant) _____

Parent/Legal Guardian Employer: _____

How did you hear about our program? _____

In the event of an emergency. Contact: _____

Phone: _____ Relationship: _____



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

Describe your participant'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, 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

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

Goals: What would you like for your participant 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) :



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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):

Responsibility: (ability of a participant to manage life tasks important for the transition to adulthood or 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 participant's ability to manage actual or perceived emotional distress and being able to make it through on 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):



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Other Goals:

Other information you think we should know?

NOTE::::Changes in your participant's condition or Can You Dig It Ranch resources may prevent services being provided.



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MEDICAL HISTORY

Date: _____

Name of Participant: _____

Primary Diagnosis: ICD 10 Code: _____

Onset (please check one) : Birth _____ Childhood _____ Adolescence _____ Adult _____

Secondary: _____ ICD 10 Code: _____

Tertiary: _____ ICD 10 Code: _____

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

Does the participant have seizures? ___ YES ___ NO

Are seizures controlled? ___ YES ___ NO

Type of Seizure _____

Date of Last Seizure _____

Does the participant have any indwelling medical devices: ___ YES ___ NO

Please list device/s if applicable: _____

Has the participant had a tetanus shot: ___ YES Date: _____ ___ NO



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Please CHECK if any of the following APPLIES to the participant:

Print Participant's Name _____

Please indicate conditions below

- | | |
|--|--|
| <input type="checkbox"/> 1. Allergies | <input type="checkbox"/> 30. Neurological Condition |
| <input type="checkbox"/> 2. Asthma | <input type="checkbox"/> 31. Orthopedic Condition |
| <input type="checkbox"/> 3. Animal Abuse | <input type="checkbox"/> 32. Paralysis- Spinal Cord Injury |
| <input type="checkbox"/> 4. Atlantoaxial Instability | <input type="checkbox"/> 33. Physical/Sexual/Emotional Abuse History |
| <input type="checkbox"/> 5. Blood Pressure Control | <input type="checkbox"/> 34. Respiratory/Pulmonary |
| <input type="checkbox"/> 6. Balance | <input type="checkbox"/> 35. Substance Abuse |
| <input type="checkbox"/> 7. Bee Stings | <input type="checkbox"/> 36. Stroke |
| <input type="checkbox"/> 8. Body Temperature Regulation | <input type="checkbox"/> 37. Speech Impairment |
| <input type="checkbox"/> 9. Bone Related Problems | <input type="checkbox"/> 38. Skin Breakdown |
| <input type="checkbox"/> 10. Cardiac | <input type="checkbox"/> 39. Tactile Sensation Impairment |
| <input type="checkbox"/> 11. Cranial Defects | <input type="checkbox"/> 40. Thought Control Disorder |
| <input type="checkbox"/> 12. Cancer | <input type="checkbox"/> 41. Visual Impairment |
| <input type="checkbox"/> 13. Cognitive Impairment | <input type="checkbox"/> 42. Weight Control Disorders |
| <input type="checkbox"/> 14. Coxa Arthrosis | |
| <input type="checkbox"/> 15. Danger to Self or Others | <input type="checkbox"/> 43. Recent surgeries: |
| <input type="checkbox"/> 16. Emotional/Psychological | _____ |
| <input type="checkbox"/> 17. Fire Setting | _____ |
| <input type="checkbox"/> 18. Hemophilia | _____ |
| <input type="checkbox"/> 19. Hearing Impaired | _____ |
| <input type="checkbox"/> 20. Hearing Sensitive | _____ |
| <input type="checkbox"/> 21. Hydrocephalus/Shunts | _____ |
| <input type="checkbox"/> 22. Immunity | _____ |
| <input type="checkbox"/> 23. Internal Spine Stabilization | _____ |
| <input type="checkbox"/> 24. Joint Subluxation/Dislocation | _____ |
| <input type="checkbox"/> 25. Learning Disability | _____ |
| <input type="checkbox"/> 26. Medication Side Effects | _____ |
| <input type="checkbox"/> 27. Medical Instability | _____ |
| <input type="checkbox"/> 28. Migraines | _____ |
| <input type="checkbox"/> 29. Muscular | _____ |

Please put # down and explain problem

List only special precautions needed with this participant: _____



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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.

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 Can You Dig It Ranch. **I authorize Can You Dig It Ranch 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 participant'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 Can You Dig It Ranch. In the event emergency medical aid/treatment is required due to illness or injury while being on the premise of or in connection with Can You Dig It Ranch; I wish the following procedure to take place (**LIST PROCEDURE**): _____

****Note: Can You Dig It Ranch is UNABLE to guarantee that emergency medical treatment will be withheld****



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Release, Waiver & Indemnity Agreement

Under California 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, 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 Can You Dig It Ranch any officer, director, shareholder, employee, volunteer agent, equine owner, or attorney for Can You Dig It Ranch, and any other person acting for or on behalf of, or under the authority or control of Can You Dig It Ranch, resulting from any and all illnesses, injuries, deaths, or losses my child, my ward participant, or I myself may sustain while participating in services at Can You Dig It Ranch or being present at Can You Dig It Ranch.

CONFIDENTIALITY POLICY

Maintaining the confidentiality of our participants' medical and sensitive information is of utmost importance at Can You Dig It Ranch. Participants and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. Can You Dig It Ranch 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 _____ ? _____) are covered by the federal confidentiality regulations. Anyone who works, volunteers for, participates in, or provides services to Can You Dig It Ranch 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 Can You Dig It Ranch 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 Can You Dig It Ranch 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.

Date: _____

Signature of Participant (if 18 or over) or parent/legal guardian



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Credit Card Authorization Form

(To be filled out once you are given a class time)

*Please complete all fields. You may cancel this authorization anytime by contacting us.
This Authorization will remain in effect until canceled*

Credit Card Information	
Card Type:	<input checked="" type="checkbox"/> Master Card <input checked="" type="checkbox"/> VISA <input checked="" type="checkbox"/> Discover <input checked="" type="checkbox"/> AMEX <input checked="" type="checkbox"/> Other
Card Holder Name (as shown on card):	
Card Number:	
Expiration Date: (mm/yy)	CVV:
Card Holder Zip Code (From credit card billing address)	

I, _____, authorize Can You Dig It Ranch to charge my credit card above for the agreed upon purchases. I understand that my information will be saved to the file for future transactions on my account. We will bill at the beginning of each session. If payment is not received by the beginning of the following session, we will charge your card on file and your lesson time will be given to another participant. If you cancel within 24 hours of your lesson, you will be charged for your class.

Customer Signature

Date



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The signature(s) below indicates that I agree to ALL the following terms;

1. EMERGENCY MEDICAL TREATMENT (can choose no consent)
2. RELEASE, WAIVER & INDEMNITY
3. CONFIDENTIALITY POLICY
4. MEDIA POLICY
5. CODE OF CONDUCT
6. CAN YOU DIG IT RANCH POLICIES
7. CANCELLATION POLICY

Printed name of Participant

Date: _____
Signature of Participant (if 18 or over) or parent/legal guardian

Date: _____
Signature of or second parent/legal guardian

Printed name of Parent or Legal Guardian

Printed name of second Parent or Legal Guardian



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CODE OF CONDUCT

Please read and retain for your records

All personnel, volunteers, 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 Can You Dig It Ranch, 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. 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 Can You Dig It Ranch 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 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. Participants/volunteers who do not willing participate
15. Participants/volunteers who are obviously impaired by alcohol or street drugs, or prescription medication not being taken as directed
16. Participants/volunteers who inconsistently attend the service at the scheduled time, without medical reason and sufficient communication with Can You Dig It Ranch
17. Indecorous conduct, not otherwise listed above, as defined by the Executive Director or Program Coordinator