

QUESTIONNAIRE FIVE

(Applicant must complete all applicable Questionnaires)



EQUINE ASSISTED ACTIVITIES QUESTIONNAIRE

(Attachment to NIF Social Services Agencies Application)

Name of Applicant: _____

Does Applicant offer Equine Assisted activities with any of its Programs? Yes No

If Yes, what type of Equine Assisted activities does Applicant offer? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Recreational riding for individuals with disabilities | <input type="checkbox"/> Therapeutic Vaulting |
| <input type="checkbox"/> Equine Assisted Psychotherapy | <input type="checkbox"/> Competition |
| <input type="checkbox"/> Hippotherapy | <input type="checkbox"/> Vocational Education |
| <input type="checkbox"/> Therapeutic Driving | <input type="checkbox"/> Other _____ |

What type of Clients participate in the Equine Assisted Activities? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Stroke Patients | <input type="checkbox"/> Psycho-Social Disorders |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Mentally Retarded | <input type="checkbox"/> Behavioral Disorders |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Autistic | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Other _____ |

Applicant has been offering Equine Assisted activities since _____.

Minimum Age accepted for Equine Assisted activities? _____

If Applicant offers Equine Assisted activities are they offered On Premises Off Premises?

If On Premises:

Are all instructors used by Applicant Certified Instructors.? Yes No

Does Applicant verify the credentials of all instructors prior to hiring them? Yes No

At a minimum is each instructor used by Applicant certified as a Registered Instructor (as designated by the North American Riding for the Handicapped Association "NARHA" or an equivalent organization)?

Yes No

If No, explain

Does Applicant maintain written profiles of each Equine that includes information on physical and behavior aptitude, training level, suitability for which type of participant and other performance related information? Yes No

If Off Premises:

Provide the name and website of the Riding Center where Clients participate in the Equine Assisted activities.

Does Applicant provide transportation to and from the Riding Center? Yes No

Is the Riding Center a Member of the NARHA? Yes No

If Yes, Is the Riding Center a NARHA Premier Accredited Center? Yes No

If Yes, when is its accreditation up for renewal? _____

If the Riding Center is not a Member of the NARHA is it a member of any other similar Association or organization? Yes No

If the Riding Center is not a Member of NARHA does Applicant require the Center to carry general liability insurance and excess accidental medical coverage? Yes No

If Yes, what are the minimum limits you require? \$_____

➤ **Please provide copies of the Riding Center's proof of insurance.**

Whether On Premises or Off Premises:

Does Applicant have procedures for registering Clients for participation in Equine assisted activities? Yes No

➤ **If Yes, please provide copies of the registration forms.**

Are Equine Assisted activities offered to Clients with severe behavioral problems? Yes No

Does Applicant have written criteria for determining which Clients are acceptable to begin participation in Equine Assisted activities? Yes No

Does Applicant have written criteria for determining the acceptability of each Client continuing to participate in the Equine Assisted activities? Yes No

If Applicant or the Riding Center does not have an equine suitably matched to a Client does Applicant decline to offer the Client Equine Assisted activities? Yes No

Does Applicant require a written medical evaluation prior to the Client participating in any Equine Assisted activities? Yes No

➤ **If Yes, please provide copies of the medical form used for the evaluation.**

Does Applicant require the parents/guardians of all Clients participating in Equine Assisted activities to sign liability release waivers prior to the Client beginning participation? Yes No

➤ **If Yes, please provide copies of the waivers.**

Are safety helmets mandatory? Yes No

Total annual lessons _____ Average size of group? _____

Ratio of riders to instructors/counselors? _____

Date: _____

Signature: _____

(Must be signed and dated by Applicant: Owner/President/CEO/or Executive Director)

Title: _____