



# FRANKLIN COUNTY

## Office of Veterans Affairs

### Therapeutic Riding Program

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#### PARTICIPANT APPLICATION

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### Welcome

We appreciate your service to our country and interest in our therapeutic riding program.

Please complete this application and submit to our office for consideration.

Franklin County  
Office of Veterans Affairs  
425 Franklin Farm Lane  
Chambersburg, PA 17202  
(717) 263-4326

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### Applicant Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ ☐ Male ☐ Female

How did you hear about the program? \_\_\_\_\_

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### Health History

What medications are you currently taking? (include prescription and over-the-counter) \_\_\_\_\_

Do you suffer from seizures? ☐ Yes ☐ No

If yes, please describe \_\_\_\_\_

Have you had any recent fractures or surgeries? (Within last year) ☐ Yes ☐ No

If yes, please describe and include dates:

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Please indicate if you have experienced issues with any of the following:

Vision	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Circulation	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Hearing	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Emotional	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Sensation	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Behavioral	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Heart	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Pain	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Breathing	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Bone/Joint	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Digestion	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Muscular	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Elimination	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Cognition	<input type="checkbox"/> Past	<input type="checkbox"/> Present
Diabetes	<input type="checkbox"/> Past	<input type="checkbox"/> Present	Allergies	<input type="checkbox"/> Past	<input type="checkbox"/> Present

Comments/ details: \_\_\_\_\_

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Describe your abilities/difficulties in the following areas (include assistance or equipment needed):

**Function** (Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

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**Social** (leisure interests, relationships, support system, companion animals, fears/concerns)

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**Goals** (What do you hope to accomplish through participation)

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**Signature**

All information provided is accurate as of the date of this application. I will notify the Franklin County Veterans Affairs Office of any changes. I understand that providing false information will result in disqualification from the program indefinitely. I further understand that completion of this application does not guarantee enrollment.

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Signature

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Date

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Name (Please print)

Received by Veterans Affairs