



VETERANS FREEDOM RETREAT APPLICATION

PERSONAL INFORMATION

All personal information is confidential and treated accordingly.

Service Member/Veteran Name* _____ DOB* _____

Last 4 digits of SSN* _____ Ethnicity _____ Tribal Affiliation _____

Primary Language: _____ Secondary Language: _____

Name of Spouse/Partner* _____ DOB* _____

Last 4 digits of SSN* _____ Ethnicity _____ Tribal Affiliation _____

Primary Language: _____ Secondary Language: _____

Relationship to Veteran if not spouse* _____

Veteran Home Address* _____

City* _____ State* _____ Zip Code* _____

Number of Children _____ Ages/Gender _____

Home Phone* _____ Vet Cell* _____ Partner Cell:* _____

Vet Email* _____ Partner Email* _____

SERVICE INFORMATION

Branch of Service* _____ Service Years* _____ Discharge Date* _____

Combat Zone(s) _____ Deployment Dates _____

Units/MOS/AFSC _____

Awards/Decorations _____

Current Status:* Active Duty Military Retired Veteran Other: _____

Is your Spouse/Partner a military veteran?* Yes _____ No _____ If so, please provide the following:*

Branch of Service* _____ Service Years* _____ Discharge Date* _____

Combat Zone(s) _____ Deployment Dates _____

Units/MOS/AFSC _____

Awards/Decorations _____

Current Status: Active Duty Military Retired Veteran Other: _____

* Required information.



POST TRAUMATIC STRESS (PTS) INFORMATION

The Veteran must have been diagnosed with a type of PTS or Referral by Chaplain or Counselor.

Veterans PTS was diagnosed: Date/Year* _____ VA or Other Facility?* _____

Professional Health Care Provider Diagnoses?* - Bipolar Disorder - PTSD - Anxiety Disorders - TBI
- Eating Disorders - Substance Disorders - Schizophrenia - Personality Disorders - MST

Current/Past Counseling:*

Has your Spouse/Partner been diagnosed with PTS? Yes _____ No _____ If so, please have them answer the following questions and complete the PTS questionnaire beginning on page 4:

PTS was diagnosed: Date/Year _____ VA or Other Facility? _____

Professional Health Care Provider Diagnoses?* - Bipolar Disorder - PTSD - Anxiety Disorders - TBI
- Eating Disorders - Substance Disorders - Schizophrenia - Personality Disorders - MST

Current/Past Counseling:*

VETERAN PTS SYMPTOM QUESTIONNAIRE

Veteran Participant's Name* _____ Date* _____

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and then circle/check one of the numbers to the right to indicate how much you have been bothered by that problem in the past month. Make sure to base your answer on problems that started or got worse after the event. The event you experienced was (Name event) _____

in _____ (month/year when event occurred). Indicate how much you were bothered by each item in the last month. As a guide: Extremely might mean almost every day; Quite a Bit might mean 20 days out of the past 30 days; Moderately might mean ten to 14 days; and A Little Bit might mean any number of days less than ten days out of the last 30. If you were not bothered by the indicated problem at all during the last 30 days, select Not At All.

* Required Information.

VETERAN PTS SYMPTOM QUESTIONNAIRE (Continued) *

Veteran Participant's ID # _____ (1st & Last Initials + Last 4)

	Response	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
1	Repeated, disturbing, and unwanted memories of the stressful experience?					
2	Repeated, disturbing dreams of the stressful experience?					
3	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?					
4	Feeling very upset when something reminded you of the stressful experience?					
5	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?					
6	Avoiding memories, thoughts, or feelings related to the stressful experience?					
7	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?					
8	Trouble remembering important parts of the stressful experience (for some reason besides a head injury or alcohol or drug use)?					
9	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?					
10	Blaming yourself or someone else (who didn't directly cause the event or actually harm you) for the stressful experience or what happened after it?					
11	Having strong negative feelings such as fear, horror, anger, guilt, or shame?					
12	Loss of interest in activities that you used to enjoy?					
13	Feeling distant or cut off from other people?					
14	Having trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?					
15	Feeling irritable or angry or acting aggressively?					
16	Taking too many risks or doing things that could cause you harm?					
17	Being "super alert" or watchful or on guard?					
18	Feeling jumpy or easily startled?					
19	Having difficulty concentrating?					
20	Trouble falling or staying asleep?					

* Required Information



PARTNER / SUPPORT PERSON PTS SYMPTOM QUESTIONNAIRE

Partner / Support Person Name* _____ Date* _____

The purpose in having you to join your veteran is not only for you to help provide support and healing to them, but also to provide a healing opportunity for you. Our focus throughout the retreat will be to meet the needs of both you and your partner equally.

To help us do this, we would like to understand the degree to which you might be experiencing symptoms of stress in your life whether the symptoms result from your own history of trauma, the normal stresses of life or from your relationship with someone who has PTS. Please answer the two questions below, and complete the attached PTS questionnaire.

Where the questionnaire uses the term “the stressful experience”, you may answer according to a specific experience you have had or to the overall stress you experience in your life.

Before you complete the questionnaire, please answer the following questions:

1. On average, to what degree do you experience normal stress/distress? 0-10 (0 = none; 10 = extreme) _____
2. Have you had an experience(s) where you felt your ethics (your sense of right and wrong) was strongly violated, resulting in a significant sense of self-blame, shame, confusion, anger/rage or depression? _____

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and then circle/check one of the numbers to the right to indicate how much you have been bothered by that problem in the past month. Make sure to base your answer on problems that started or got worse after the event. The event you experienced was **(Name event)** _____

in _____ **(month/year when event occurred)**. Indicate how much you were bothered by each item in the last month. As a guide: Extremely might mean almost every day; Quite a Bit might mean 20 days out of the past 30; Moderately might mean ten to 14 days; and A Little Bit might mean any number of days less than ten days out of the last 30 days. If you were not bothered by the indicated problem at all during the last 30 days, select Not at All.

* Required Information

Partner / SUPPORT PERSON PTS SYMPTOM QUESTIONNAIRE (Continued) *

Partner/Support Person ID # _____ (1st & Last Initials + Last 4)

	Response	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
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3	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?					
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8	Trouble remembering important parts of the stressful experience (for some reason besides a head injury or alcohol or drug use)?					
9	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?					
10	Blaming yourself or someone else (who didn't directly cause the event or actually harm you) for the stressful experience or what happened after it?					
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18	Feeling jumpy or easily startled?					
19	Having difficulty concentrating?					
20	Trouble falling or staying asleep?					

*Required Information



MEDICAL INFORMATION

Veteran

* Service connected disability: % _____ Condition/Basis _____

* Prescription Medications: _____

* Non-prescribed / illegal drug / alcohol use. What substance and how much / how often? _____

* If you are in recovery, how long? _____

NOTE: Bring at least an 8 day supply of your prescription medications.

VETERAN'S Physical Conditions that require assistance/unique accommodations:

Motorized Wheelchair Wheelchair Walker Cane Other: _____

* Medical Conditions: Diabetic Oxygen Nebulizer CPAC or other similar equipment

Other Medical Conditions: _____

Sensitivities or Allergies: Smoke Other: _____

Dietary: Vegetarian Vegan Gluten Free Other: _____

We will do our best to accommodate your dietary needs, but please come prepared if you require anything special. There will NOT be laundry facilities on site, nor a small refrigerator, coffee maker or microwave in each room. An ice maker, and fridge is available in foyer.

Service Dog: Purpose _____ Certified: Yes No Breed: _____

Emotional Support Dog: Purpose _____ Trained: Yes No Breed: _____

(Please bring a kennel for your pet(s) if you leave them in your room while in class)

*****Fraudulent Representation*****

*A person who uses an assistance animal with a harness or leash of the type commonly used by persons with disabilities to represent that his or her animal is a specially trained service animal when not trained as such, is guilty of a misdemeanor. Punishable by a fine of not more than \$300 and 30 hours of community service. **Must bring a copy of the Certification with you to present to the Camp.***

T. C. A., Human Resources Code § 121.006

* **Required information.**



MEDICAL INFORMATION

PARTNER / SUPPORT PERSON

* Service connected disability: % _____ Condition/Basis _____

* Prescription Medications: _____

* Non-prescribed / illegal drug / alcohol use. What substance and how much / how often? _____

* If you are in recovery, how long? _____

NOTE: Bring at least an 8 day supply of prescription medications.

PARTNER / SUPPORT PERSON'S Physical Conditions that require assistance/unique accommodations:

Motorized Wheelchair Wheelchair Walker Cane Other: _____

* Medical Conditions: Diabetic Oxygen Nebulizer CPAC or other similar equipment

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Sensitivities or Allergies: Smoke Other: _____

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* Required information.



OTHER INFORMATION

What first name would you like on your name-tag? VETERAN _____ PARTNER _____

We conduct Equine Therapy on one day of the retreat followed by a very mellow horse “whisperer” session of trying to get a horse to join-up with different Participants to show the importance of allowing the horse to accept you instead of being forced to do what you want them to do. If you want to participate in the joining process, please mark “Horse Whisper.”

Veteran - Horse Whisper? (Yes or No) _____ Partner - Horse Whisper? (Yes or No) _____

RETREAT INFORMATION

Participants should arrive at the retreat location between the hours of 1:00 PM and 3:00 PM. Travel will be paid by the participant. The Retreat does not cover any travel expenses. Lodging and meals will be provided at no cost to the participants. Due to the discussions and nature of these retreats, children under 18 are not allowed to attend.

Comfortable, casual attire such as jeans, shorts (No short-shorts), tennis shoes, hats and sunscreen are recommended. There are NO laundry facilities available on site, so please pack accordingly. Closed toed shoes are necessary for equine therapy. Some activities will require exercise or loose clothing (yoga). Cool evening temperatures are expected and sweaters or light jackets are appropriate. Participants should bring pants or ankle length skirts for Native American ceremonies. We also have an evening dinner with dancing, please bring appropriate clothing.

IF YOU ARE A SINGLE VETERAN WHO HAS NO PARTNER, but would be willing to partner with another vet who has completed the retreat and can mentor you during and after your retreat, please indicate below.

- Yes, I would like another Veteran to be my PTS support person during and after the retreat.
- No, I do not want a Veteran support person during and after the retreat. I will continue to seek a partner before my retreat.

For questions relative to the Retreat Application process or dates, please call (940) 867-1863 or (940) 867-3987.

Once your application has been received and processed, you will be notified and placed in one of our first available scheduled retreats. See webpage (www.vfr.vet) for additional retreat testimonials and information. If circumstances require a particular retreat start date, please indicate below. Availability may be limited.

1st Choice _____ 2nd Choice: _____



Memorandum of Understanding

This memorandum of Understanding (MOU) sets forth the terms and understanding between the Veterans Freedom Retreat Inc (VFR) and participants of the VFR seven-day PTS Couples/Partner Retreat Program.

The Veterans Freedom Retreat is committed to the privacy of our retreat participants as well as the safe-guarding of all information shared by our participants during the seven-day retreat process.

The purpose of this MOU is to inform all participants of VFR's coordinated care approach. During the next seven days, the PTS Participant Coordinator and Co-facilitators will hold multiple staff meetings. The purpose of these staff meetings is to coordinate care tailored towards your specific needs as well as your partner's. All information discussed during these staff meetings is covered by the HIPPA and at no time will your information be shared with anyone other than staff members who are specifically participating in your treatment plan. All information obtained during this week's retreat will be safe-guarded and at no time will your information be shared with any outside agency, including the Veterans Affairs (VA) agency.

Confidentiality: By law and professional ethics, your sessions are strictly confidential. No information will be shared with any identity or person outside the VFR program counselors and leadership without your permission. There are however, a number of exceptions to this confidentiality policy.

- If we are ordered by the court to testify or release records.
- If you are a victim or perpetrator of child abuse, we are required by law to report this to the authorities responsible for investigating child abuse.
- If you threaten harm to yourself, someone else or the property of others, we may be required to call the police and warn the potential victim, or take other reasonable steps to prevent the threatened harm.

DAVID A. JONES
PTS Program Director & Participant Coordinator
Veterans Freedom Retreat Inc.

LINDA A. JONES
VFR Secretary, Participant Coordinator
Veterans Freedom Retreat Inc.

Participant
Print Name _____
Signature _____
Date _____

Partner
Print Name _____
Signature _____
Date _____