



Dear Referrer:

Thank you for choosing High Hope Haven to support you in reaching an individual who is stuck in traditional talk-based therapy or just managing life's challenges. It is our privilege to come alongside you! Participation in ReStart requires your commitment to providing a progress report for the participant two months after completing the ReStart course. This information is vital to the ongoing evidence-based research that is underway in the UK via TheHorseCourse. We will send you the report at the appropriate time.

The ReStart program does not involve riding; all interaction with horses is accomplished on the ground. Participants should wear closed toe shoes and clothes that are appropriate for handling horses. We require that minors wear a helmet (which we provide) when handling horses. All participants must arrange for their own transportation to the Fox Hollow/Lorane Highway area of south Eugene and minors must have a parent or guardian present at all times. If you have questions, please contact me at [havnoregon@gmail.com](mailto:havnoregon@gmail.com).

Please complete the following referral form and send to High Hope Haven, P.O. Box 5901, Eugene, OR 97405. After we receive this form, we will contact you to discuss arrangements for participation.

Thank you!

Pamela Kinion  
Founder, High Hope Haven

Date:

Participant's Name:			
Gender:		Participant's DOB:	
School or Program:			
Contact number for participant if an adult:			
Guardian, if applicable:			
Contact number for guardian:			

Referrer:			
Referrer Organization:			
Referrer Phone:		Referrer Email:	
Other agencies involved:			

**Our service is for people for whom talking is not working.**

What talk-based support or other provision has been offered?

Please describe the problem with services that have been offered.

What are the participant's mental health or other diagnoses?

Please share risks about which facilitators of the program should be aware. (anything that would interfere with our or the horse's safety)

**Referrer: Please see the attached star chart to provide a 0 - 4 value in the following areas:**

Assertiveness and Boundaries		Calmness	
Focus & Perseverance		Realistic Planning & Analysis	
Taking Responsibility		Communication & Language	
Relating to Others/Empath		Engagement & Learning	

**Please provide detail:**

Does the participant have poor engagement in treatment, education, training, or work?

Does the participant struggle with destructive behaviors such as drug or alcohol use, reoffending, homelessness, eating disorders, bullying, self harm, or any related?

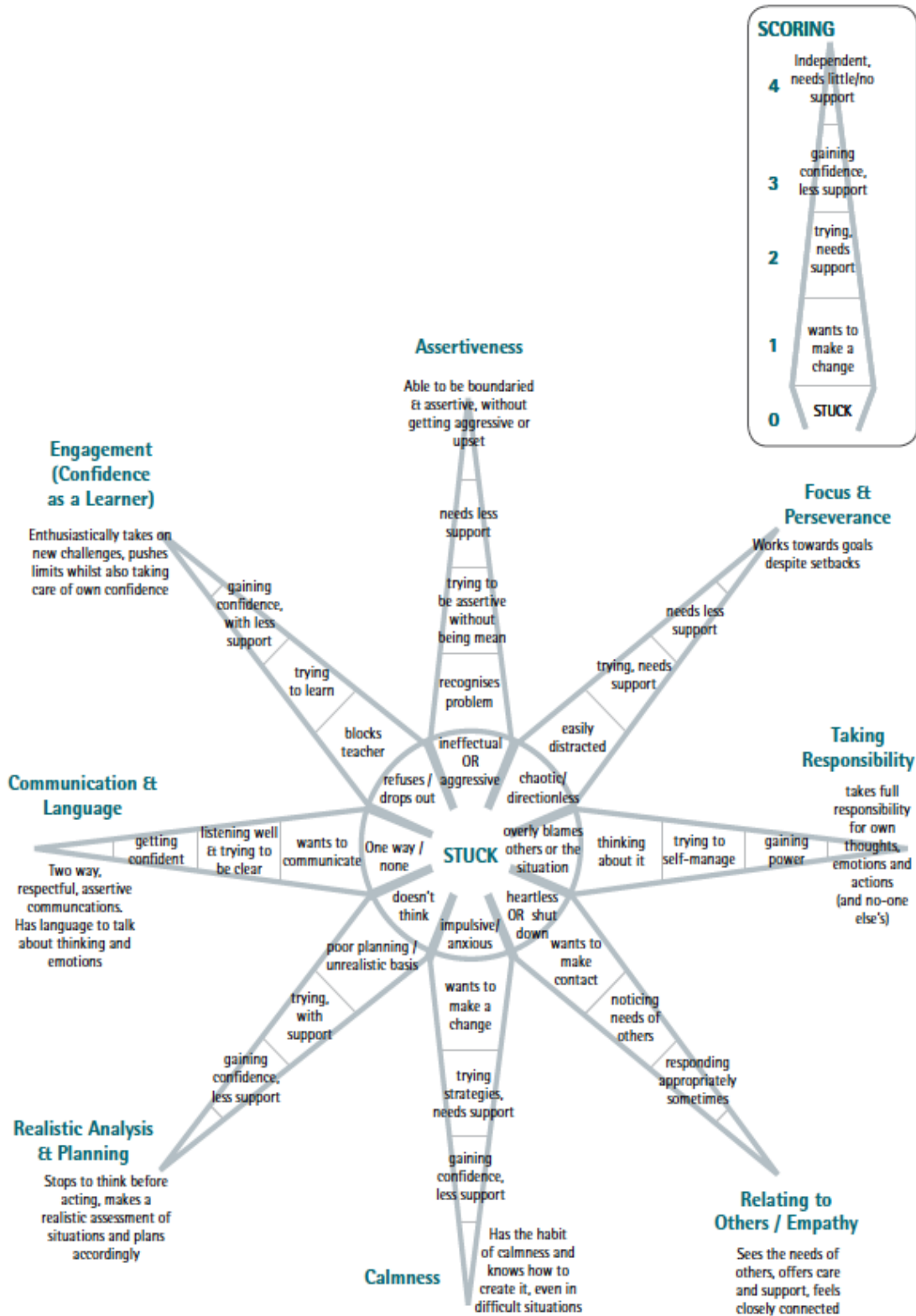
Does the participant struggle with relationships with family, peers, or authority?

Does the participant struggle with identity such as low self esteem, poor self image, lack of hope, or low ambition?

Are there specific outcomes you (the referrer) believe would be most valuable?

Is there other information that we should know?

# Star Evaluation Chart



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