



www.TomorrowsRainbow.org

Dear Parent or Guardian:

Imagine the beauty of pairing bereaved children with the power and magnificence of horses. Imagine children healing, re-learning to trust, remembering how to smile and being guided towards happiness again. Imagine Tomorrow's Rainbow.

My name is Abby Mosher and I am the Founder & Executive Director of Tomorrow's Rainbow. After a personal tragedy changed my life, I realized that there was a population of children in our community that were far too often overlooked- bereaved children. I founded Tomorrow's Rainbow to fill that void.

Our mission: Tomorrow's Rainbow provides grieving children, teens and their families an emotionally safe environment for hope and healing through guidance, education and support.

As you can see, we believe in supporting your entire family. I encourage you take advantage of our adult support groups which are offered at the same time as the Saturday children's groups. These groups provide adults with information on childhood grief and loss as well as providing support from your peers. We also offer grief support groups for young adults.

Attached you will find our new client intake package. Please don't be overwhelmed by the paperwork! If you have any questions, we will be glad to help you. Once your paperwork has been received, we will contact you to schedule an orientation.

Tomorrow's Rainbow is a non-profit organization; we rely solely on contributions from individuals and the community to cover the costs for our services. We do not charge for this program. Families are encouraged to make a tax-deductible monthly pledge that they can afford. The pledge is entirely voluntary. No family is ever denied services because they cannot contribute.

I look forward to meeting you. We'll see you at the farm.

Sincerely,

Abby Mosher
Founder & Executive Director



INTRODUCTION

(Please keep for your reference)

Tomorrow's Rainbow is a not-for-profit organization founded by Abby Mosher with a mission of providing grief support groups to children, adolescents and adults. Our program is funded strictly by private and corporate donations.

The Tomorrow's Rainbow model is a comprehensive, innovative program that combines peer facilitation grief support, equine assisted learning (EAL), and expression through art. The program is monitored by a Licensed Mental Health Counselor.

At Tomorrow's Rainbow, we utilize the world-renowned Dougy Center's model for peer facilitated grief support, which recognizes that:

- Grief is unique for each individual
- The intensity and duration of grief is different for each person
- Within each of us is the capacity to heal
- Support helps in the grief process

Our goal is to provide a safe environment in which to:

1. discover and nurture strengths, interests and talents
2. support effort toward change
3. establish consistent and stable relationships
4. improve interpersonal skills
5. enhance self-worth and empowerment
6. gain greater communication skills

Considerations:

Due to the inherent risk of all equine related activities, each participant will be required to sign a Release and Indemnity Agreement form and an Authorization for Emergency Medical Treatment form. A signature on the Release of Name, Photograph & Personal Information form is requested, but not required.

Participants should wear clothing that is suitable for being at a farm and animal-oriented environment. **Clothing and shoes will get very dirty!** Closed toe shoes are mandatory and long pants are suggested. We also ask that each child bring a water bottle with their name on it. With the exception of the teen group, parents/guardians are required to stay on the premises in the designated areas.

Attendance:

Regular attendance is important for a successful experience at Tomorrow's Rainbow. We request that every effort be made to keep absences and tardiness to a minimum. If you are unable to attend a session, kindly email the office, TRainbowMAB@aol.com.

Participants may attend sessions indefinitely. When a child has decided that the time has come for them to close, we ask that you inform us so that we may schedule a closing ceremony.

Weather:

Groups are rarely canceled due to weather. Rainy day programming occurs indoors provided the weather is not too severe. During rainy days, or when the stable parking area is flooded, follow the directional parking signs. You will be contacted approximately one hour prior to group if the weather is too severe to meet.

Evaluation:

All participants and parent/guardians will be asked to complete an evaluation form periodically. Feedback is extremely important to our success. Feel free to share your thoughts and feelings with us.

Directions:

From I-95 or the Turnpike- exit on Sample Road going West [exit 39 for I-95, exit 69 for Turnpike]. Turn Right (North) on Lyons Road. Turn Right (East) on Wiles Road. Turn at the first Right (South) on NW 39th Ave. Go to the end of the street and make a right. Pull into the first driveway on your right before the Tomorrow's Rainbow sign.

Please keep in mind that the Tomorrow's Rainbow Ranch is also a private residence. We understand that the excitement and joy of working with our miniature horses, ponies and donkeys is something that you will want to share with friends and family; however, unscheduled visits are not allowed. There will be opportunities from time to time when you can "show off" your new animal friends. Thank you for your understanding.

Emergency number: (954) 254-6521

Send completed packet to:

Tomorrow's Rainbow
4341 NW 39th Ave.
Coconut Creek, FL 33073

OR

Fax to (561) 948-4113

OR

Email to TRainbowMAB@aol.com



REGISTRATION

Child's Name: _____
Address: _____
City: _____ Zip Code: _____
Child lives with (name): _____
Relationship: _____
Cell Phone: _____ Home Phone: _____
Email address (required): _____

HISTORY

Age: _____ Date of Birth: _____ Grade: _____
Please give a brief life history, including the relationship of deceased loved one(s), cause of death and date of death: _____

Does your child know how their loved one died? Yes No _____

List any grief support: _____

Does your child have a mental health diagnosis (ADHD, anxiety, depression)? _____

Current medical history, including any medications taken for medical or mental health issues:

Does your child currently attend therapy? Yes No _____

Is there anything else that you would like us to know? _____

(use the back of the page if necessary)

For Staff Use Only: ED: _____ Group: _____ <input type="checkbox"/> D
CO: _____ <input type="checkbox"/> A
CO log: _____



Authorization for Emergency Medical Treatment

Name: _____ DOB: _____

Address: _____

Physician's Name: _____ Phone #: _____

Health Insurance Co: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the participation in programs, or while on the property, I authorize Tomorrow's Rainbow, Inc., to:

- 1. Secure and retain medical treatment and transportation if needed; and
- 2. Release client records upon request to authorized individual or agency involved in the medical emergency treatment.

Consent

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Signature: _____ Date: _____

Non-Consent

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of participating in programs while on the property. In the event emergency treatment/aid is required, I wish the following procedure to take place:

Signature: _____ Date: _____

Tomorrow's Rainbow, Inc.
4341 Northwest 39th Avenue, Coconut Creek, FL 33073

WARNING

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR, OR EQUINE PROFESSIONAL, IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

RELEASE AND INDEMNITY AGREEMENT

In consideration of the acceptance of my participation and/or the participation of my child or ward, in any equine assisted activity and/or any activity sponsored by Tomorrow's Rainbow, Inc., Hit the Hay, Inc., Berger Counseling Services, Marla Berger and/or Abby J. Mosher, and with the understanding that a horse may be startled by sudden movement, noise or other factors, and may shy suddenly, rear, stop short, bite, buck, kick or run, especially when the program is conducted in a natural setting, as this program is, I AGREE TO ASSUME THE RISKS incidental to such participation including, but not limited to, those risks set out above, and, on my own behalf, on the behalf of my child or ward, and on behalf of my child's or ward's heirs, executors and administrators, RELEASE and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such equine program and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, attorney's fees and disbursements. The released parties are Tomorrow's Rainbow, Inc., Hit the Hay, Inc., Berger Counseling Services, their parent, related, affiliated and subsidiary companies, and the officers, directors, employees, agents, representatives, volunteers, guests, landholders, land owners, successors and assigns of each. I understand that this release and indemnity agreement includes any claims based on the negligence, actions or inaction of any of the above released parties and covers bodily injury and property damage, whether suffered by me, my child or ward before, during or after such participation. I further authorize medical treatment for said child or ward, at my cost, if the need arises.

Signature of participant (if adult)

Print name of participant

Signature of parent or guardian

Date



Release of Name, Photograph(s) & Personal Information

I hereby grant permission to use my child's name, personal information, and photograph(s), or other likeness(es) of my child in a WORK presently referred to as "THE WORK." This may include, but is not limited to, newspaper and magazine articles, advertising materials, and Internet website content to be used for marketing or advertising purposes designed to benefit the mission of Tomorrow's Rainbow, Inc.

The mission of Tomorrow's Rainbow, Inc., to provide grieving children, teens and their families an emotionally safe environment for hope and healing through guidance, education and support. Said photograph(s) or likeness(es) and personal information are to be used in connection with the advertising and promotion of Tomorrow's Rainbow, Inc., and "THE WORK" may be published in any and all languages throughout the world.

I also acknowledge that the foregoing rights may be exercised by publishing companies, magazines, newsletters, newspapers, and websites.

Participant's Name: _____

Signature of Parent/Guardian: _____

Address: _____

Date: _____



Directions: Read each statement carefully. Check the box that most accurately describes the past week. **Check the left hand column if the behavior was present before the death of their special person.** Please do not leave any items blank.

Name: _____

Date: _____

Present before	Behavior seen in the past week	Never	Rarely	Sometimes	Frequently	Always
	My child does not participate in activities that used to be fun					
	My child's emotions are strong and change quickly					
	My child has physical fights with others (hitting, throwing) including siblings or others their age					
	My child worries and cannot get thoughts out of their mind					
	My child has a hard time sitting still or has too much energy					
	My child uses alcohol or drugs					
	My child is tense or easily startled (jumpy)					
	He/she is sad or unhappy more often than not					
	My child has a hard time trusting friends, family members or others					
	My child's stomach or head hurts more often than others their age					
	My child thinks about suicide or feels that they would be better off dead					
	My child has nightmares, trouble getting to sleep, oversleeping, waking too early or insomnia					
	My child has a hard time concentrating, thinking clearly or sticking to tasks					
	My child has withdrawn from friends and family					
	My child feels that they have no friends or that no-one likes them					
	My child is having difficulty performing or functioning in their every day life					



Consent To Obtain and Release Information

My child does not receive therapy (do not complete this form)

Child's Name: _____

This will authorize staff at **Tomorrow's Rainbow, Inc.**, to disclose to and/or obtain from:

Therapist's Name: _____

Therapist's Phone Number: _____

Therapist's Fax Number: _____

Purpose

The purpose of this disclosure of information is to improve services, share information relevant to services and when appropriate, coordinate services.

If other purpose, please specify: _____

Right to Revocation

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to Tomorrow's Rainbow, Inc. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

Expiration

This information release is for a specific instance, valid for 90 days, and will expire on the following date: _____

Unless sooner revoked, this consent is valid for **1 year** due to the need for ongoing communication for the coordination of services, and will expire on the following date: _____

Conditions

I understand that Tomorrow's Rainbow, Inc., may condition my services on whether I give authorization for the requested disclosure. The consequences of refusing to sign this authorization have been explained to me.

Form of Disclosure: Unless you have requested in writing that disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner we deem to be appropriate and consistent with applicable law, including but not limited to verbally, in paper format or electronically.

Redisclosure

Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of service information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. Other types of information may be re-disclosed by the recipient of the information.

I may request a copy of this authorization for my records.

Client

Date

Parent/Guardian

Date



Tomorrow's Rainbow is funded by private and corporate donors. Often they require demographics about the clients we serve. This information will not be a part of your chart and is completely anonymous.

How many children in the home? (check one) 1 2 3 4 5 6 7 ____

How many adults in the home? (check one) 1 2 3 4 5 6 7 ____

What is the total household income? (circle one)

- a. Less than \$10,000
- b. \$10,000 - \$21,780
- c. \$21,781 - \$29,420
- d. \$29,421 - \$37,060
- e. \$37,061 - \$44,700
- f. \$44,701 - \$52,340
- g. \$52,341 - \$59,980
- h. \$59,981 - \$67,620
- i. \$67,621 - \$75,260
- j. over \$75,261

What is your child(ren)'s race? (circle all that apply)

- a. White
- b. Black or African-American
- c. Hispanic or Latino
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. Native American
- g. Biracial
- h. Multiracial
- i. Other: _____

Does your child(ren) qualify for free or reduced school lunch program? Yes No

Do you or your child(ren) receive Social Security Disability Income, Social Security Income or Food Stamps? Yes No

Does your child(ren) receive Medicaid or Florida Healthy Kids? Yes No

Tomorrow's Rainbow does not discriminate based on age, religion, race/ethnicity or socio-economic status. All surveys will be immediately removed from the registration packet and no record of demographic information is kept with the client's chart.