



**Hello! Welcome to Tomorrow's Rainbow where we are dedicated to nurturing emotional wellness and resiliency for children, teens, and families experiencing grief, loss, and trauma.**

My name is Abby Mosher, and I am the Founding Executive Director of Tomorrow's Rainbow. After a personal tragedy changed my life, I realized that our community was missing a specialized oasis for families to heal from grief, loss, and trauma. Tomorrow's Rainbow is an emotionally safe setting where horses (big and small) and experiential services, including art and play, are combined in a natural setting to promote emotional wellness. We believe in treating every client as a unique individual and will play to your strengths in supporting you and your family.

If you choose to share you and/or your family's progress and experience with others, we welcome you to do so. Please know that should you choose to refer a potential client to work with us, all information is confidential and protected under HIPAA guidelines including all Telehealth services. Tomorrow's Rainbow does not share information with others without your consent.

Attached, you will find our new client registration package. Don't be overwhelmed by the paperwork. We are here to help! If you have any questions, we will be glad to assist you. We will reach out to you to schedule your family's intake and orientation once we receive your paperwork.

Two way communication is essential to every successful therapeutic relationship. With that said, Tomorrow's Rainbow is located on private property, and no unscheduled visits are allowed. If you have concerns or questions, please feel free to call, email, or text us. We are here to support you. I look forward to meeting you in person and sharing the Tomorrow's Rainbow experience with you!

Most sincerely,

A handwritten signature in blue ink that reads "Abby".

Abby Mosher  
Executive Director/CEO  
Tomorrow's Rainbow, Inc.



Tomorrow's Rainbow, Inc.  
954.978.2390  
4341 NW 39<sup>th</sup> Avenue  
Coconut Creek, FL 33073

## INTRODUCTION TO TOMORROW'S RAINBOW

Tomorrow's Rainbow is a not-for-profit organization founded by Abby Mosher in 2003 with the original mission of providing grief support groups to children, adolescents and adults. In 2019, Tomorrow's Rainbow expanded its scope of services and embarked on a new mission: ***Nurturing emotional wellness and resiliency for children, teens, and individuals experiencing grief, loss, and trauma.***

The Tomorrow's Rainbow bereavement model is a comprehensive, innovative program that combines peer facilitated grief support, equine assisted services, and expression through art and play. 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

The therapy program at Tomorrow's Rainbow is a formalized clinical experience that integrates all of the exciting experiential opportunities utilized in our bereavement program.

### **Considerations:**

Participants must wear clothing that is suitable for being on a farm and animal-oriented environment. **Clothing and shoes will get very dirty!** Closed toe shoes are mandatory and long pants are suggested. For bereavement groups, with the exception of the teen group, parents/guardians are required to stay on the property 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.

### **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 Tomorrow's Rainbow is also a private residence. No unscheduled visits are permitted.*

### **Send completed packet to:**

Tomorrow's Rainbow  
4341 NW 39th Ave.  
Coconut Creek, FL 33073  
Fax: (754) 732-0994  
Email: [info@tomorrowsrainbow.org](mailto:info@tomorrowsrainbow.org)



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## REGISTRATION

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
If minor, lives with (name): \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email address (required): \_\_\_\_\_

## HISTORY

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Please give a brief life history of concerns including any grief, loss or trauma:

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List any support for grief, loss or trauma: \_\_\_\_\_

Are there any mental health diagnoses (ADHD, anxiety, depression)? \_\_\_\_\_

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

Does the client currently attend therapy?  Yes  No \_\_\_\_\_

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

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*(use the back of the page if necessary)*

*For Staff Use Only*

Date received: \_\_\_\_\_ By: \_\_\_\_\_

*revised Mar 2024*



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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Client's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Food/Animals/Etc.: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ 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 "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Signature of Client/Parent/Guardian: \_\_\_\_\_ 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 of Client/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## 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., 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 assisted services 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., and/or Abby J. Mosher 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 and I acknowledge that participation is not covered by workman's compensation insurance. I further authorize medical treatment for myself, child or ward, at my cost, if the need arises.

\_\_\_\_\_  
Signature of Client (if adult)

\_\_\_\_\_  
Print name of Client

\_\_\_\_\_  
Signature of Client's Parent/Guardian (if applicable)

\_\_\_\_\_  
Date



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## CLIENT AUTHORIZATION FOR RELEASE OF PHOTOGRAPH/VIDEO/AUDIO/MEDIA

Client's Name: \_\_\_\_\_

I hereby grant permission to use photograph(s), audio, video(s), or other likeness(es) of me or 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 web site content including social media to be used for marketing, advertising and/or instructional purposes designed to benefit the mission of Tomorrow's Rainbow, Inc., and its clients.

The mission of Tomorrow's Rainbow, Inc., is nurturing emotional wellness and resiliency for children, teens, and families experiencing grief, loss, and trauma. Said photograph(s), media, or likeness(es) may 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, social media and websites. In addition, if I am receiving services by a student intern, my audio/video recordings may be utilized for supervision purposes and/or to enhance the education of student interns at Tomorrow's Rainbow.

\_\_\_\_\_  
Signature of Client (if over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian (if client is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

I decline to participate in the Release of Photograph/Video/Audio/Media consent.



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## AUTHORIZATION FOR RELEASE/REQUEST OF INFORMATION/RECORDS

Client's Name: \_\_\_\_\_

The above referenced client does not receive therapy (do not complete this form).

I hereby give my permission for Tomorrow's Rainbow, Inc. to release to or request from the practice/agency/person(s) listed below, information contained in my or my child's health record. Information may be disclosed/requested verbally, electronically and/or in writing. I understand that my or my child's health record may contain information concerning my or my child's psychiatric, psychological, drug or alcohol abuse, sexual abuse treatment, HIV/Acquired Immune Deficiency Syndrome (AIDS) and/or related conditions, and that under law these records are classified as privileged and confidential and cannot be released without an expressed and informed consent. In addition, I understand that those records will not be released to entities other than those designated by myself or my personal representative or otherwise provided in federal law.

Name of Practice/Agency: \_\_\_\_\_

Name of Person(s) and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please check one box below:

I give permission for all records to be disclosed/requested

I give permission for all records to be disclosed/requested EXCEPT the following:

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*\* In the case of notes documenting or analyzing the contents of conversation during a private counseling session ("process notes"), such records may be protected from disclosure under the HIPAA Privacy Rule.*

I am authorizing the disclosure of this health information voluntarily. I can refuse to sign, and Tomorrow's Rainbow, Inc., will not deny services. I understand that I may inspect or request a copy of the information to be disclosed, as provided in CFR164.524 (with reasonable charge).

My signature below acknowledges that I understand that:

- I have the right to withdraw my authorization at any time except to the extent that action has already been taken pursuant to the authorization. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Tomorrow's Rainbow, Inc.
- The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information. Tomorrow's Rainbow, Inc., cannot guarantee confidentiality in these instances and will not be held liable for information re-disclosed.
- Tomorrow's Rainbow, Inc., will release only the minimum amount of information necessary to support quality client care.

*This authorization shall expire when the client is discharged from the current episode of care (treatment has been completed, the client rejects/declines/drops out of treatment, is referred elsewhere, moves, or in the case of the client's death.) This agreement is subject to revocation in writing at any time.*

\_\_\_\_\_  
Signature of Client/Parent/Guardian

\_\_\_\_\_  
Date



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## CLIENT DEMOGRAPHIC INQUIRY

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

To help us serve you better, please complete the following:

How many children in the home? (Circle one)    1   2   3   4   5   6   7   8

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

### 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 the client's race?

- White
- Black
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian
- Alaskan Native
- Multiracial
- Other: \_\_\_\_\_

### What is client's ethnicity?

- Puerto Rican
- Mexican
- Cuban
- Other Hispanic
- Haitian
- Mexican American
- Spanish/Latino
- None of the above

### *If client is a child, please complete the following:*

Does your child qualify for a free or reduced school lunch program?  Yes  No

Do you or your child receive Social Security Disability Income or Food Stamps?  Yes  No

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

*Tomorrow's Rainbow does not discriminate based on age, religion, race/ethnicity, or socio-economic status.*



## MOOD AND FEELINGS QUESTIONNAIRE: Long Version

This form is about how your child might have been feeling or acting **recently**.

For each question, please check (✓) how s/he has been feeling or acting ***in the past two weeks***.

If a sentence was not true about your child, check NOT TRUE.

If a sentence was only sometimes true, check SOMETIMES.

If a sentence was true about your child most of the time, check TRUE.

### Score the MFQ as follows:

NOT TRUE = 0

SOMETIMES = 1

TRUE = 2

To code, please use a checkmark (✓) for each statement.	NOT TRUE	SOME TIMES	TRUE
1. S/he felt miserable or unhappy.			
2. S/he didn't enjoy anything at all.			
3. S/he was less hungry than usual.			
4. S/he ate more than usual.			
5. S/he felt so tired s/he just sat around and did nothing.			
6. S/he was moving and walking more slowly than usual.			
7. S/he was very restless.			
8. S/he felt s/he was no good anymore.			
9. S/he blamed him/herself for things that weren't his/her fault.			
10. It was hard for him/her to make up his/her mind.			
11. S/he felt grumpy and cross with his/her parents.			
12. S/he felt like talking less than usual.			
13. S/he was talking more slowly than usual.			
14. S/he cried a lot.			

15. S/he thought there was nothing good for him/her in the future.			
16. S/he thought that life wasn't worth living.			
17. S/he thought about death or dying.			
18. S/he thought his/her family would be better off without him/her.			
19. S/he thought about killing him/herself.			
20. S/he didn't want to see his/her friends.			
21. S/he found it hard to think properly or concentrate.			
22. S/he thought bad things would happen to him/her.			
23. S/he hated him/herself.			
24. S/he felt s/he was a bad person.			
25. S/he thought s/he looked ugly.			
26. S/he worried about aches and pains.			
27. S/he felt lonely.			
28. S/he thought nobody really loved him/her.			
29. S/he didn't have any fun at school.			
30. S/he thought s/he could never be as good as other kids.			
31. S/he felt s/he did everything wrong.			
32. S/he didn't sleep as well as s/he usually sleeps.			
33. S/he slept a lot more than usual.			
34. S/he wasn't as happy as usual, even when s/he was praised or rewarded.			