



9179 Centreville Creek Rd, Caledon ON  
 PO Box 91, Station Caledon East, L7C 3L8  
 Phone: (905) 584 – 9156  
 Fax: (905) 584 – 0928

## Horticulture, Animal, and Recreational Therapeutic (HART) Program Participant Registration

Thank you so much for joining us at Peace Ranch! For your visit to go as smoothly as possible, we are required by the United Way to gather some information from you before you come.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Contact: Phone #** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Gender:**  Man  Woman  Non-Binary  Trans Man  Trans Woman  
 Agender  Bigender  Gender Fluid  Other  Prefer Not to Answer

**Agency/Program:** \_\_\_\_\_

**Spoken Language:** \_\_\_\_\_ **Preferred Language of Service:** \_\_\_\_\_

**Bilingual:**  Yes  No **Francophone:**  Yes  No

**Do you identify as Indigenous?**  Indigenous  Non-Indigenous  Prefer Not to Answer

As part of your HART programming, we may be providing you with snacks or meals. There is also a large component of programming that takes place outside in a rural setting. Please let us know of any and all allergies (ex. hay/straw, peanuts, tree nuts, gluten) and/or dietary restrictions and/or specifications.

**Any Known Allergies:** \_\_\_\_\_

**Dietary Restrictions:** \_\_\_\_\_

**Other Specifications:** \_\_\_\_\_

**Who do you live with (check all that apply)?**

Independent  Spouse/Partner  Children  Parents  
 Relatives  Non-Relatives  Prefer Not to Answer

**What type of residence do you live in?**

No Fixed Address  Hostel/Shelter  Long Term Care  Private Non-Profit  
 Municipal Non-Profit  Private House/Apt/Condo  Retirement Home  Rooming/Boarding House  
 Supportive Housing  Homes for Special Care  Prefer Not to Answer



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**What type of support do you receive where you live (ex. meals, ADLs, financial support, etc.)?**

- I perform all tasks independently       I receive support for some tasks  
 I receive support for most tasks       I receive support for most tasks

**Highest Grade of School Completed:** \_\_\_\_\_  Prefer Not to Answer

**Are you currently attending school?**       Yes       No

**What is your employment status?** \_\_\_\_\_  Prefer Not to Answer

**What is your primary source of income?**

- Employment       ODSP       Social Assistance       Employment Insurance(EI)  
 Pension (CPP)       Family Support       No Income Source       Prefer Not to Answer  
 No Income Source       Other       Disability Assistance Insurance

**Do you currently have any legal concerns?**       Yes       No       Prefer Not to Answer

**If yes, what is your current legal status?** \_\_\_\_\_

**What is your current Diagnosis?** \_\_\_\_\_

**Age of Diagnosis?** \_\_\_\_\_ **Do you have a dual diagnosis?**  Yes       No       Prefer Not to Answer

**Do you have a history of drug and/or alcohol dependency?**  Yes       No       Prefer Not to Answer  
 In recovery

**Have you been hospitalized due to your mental illness?**       Yes       No       Prefer Not to Answer

**If so, how old were you during your first hospitalization?** \_\_\_\_\_



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Please indicate any hospital visits due to your mental illness in the past two years:

Admission Date (day, month, year)	Discharge Date (day, month, year)	Hospital Name	Please Check One						
			Voluntary	Involuntary	Substance	Forensics	Respite	Medical	

Do you have any other ongoing, chronic illnesses or disabilities?  Yes  No  Prefer Not to Answer

If yes, please identify: \_\_\_\_\_

Is there anything else you'd like us to know? \_\_\_\_\_

### Privacy and Personal Information

All information collected is collected and stored as per SHIP and Peace Ranch PHIPA policies. Please direct any questions or concerns related to the gathering and usage of personal information through the United Way to the program manager.

I, the undersigned, understand and give consent to the collection and storage of my personal information and the use of such information under the conditions of SHIP privacy policies.

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Date

Please bring completed forms with you to your scheduled Day in the Country, unless otherwise requested. Please feel free to reach out to Green Spaces staff [(905) 584 – 9156] if you have any further questions or concerns.