



When complete, return to appropriate recipient
Workshops- workshops@trinity-ec.com
Community Connections- workshops@trinity-ec.com
Equine Services- equineservices@trinity-ec.com
Psychotherapy- equineservices@trinity-ec.com
Youth Counseling- youthcounseling@trinity-ec.com

Trinity Equestrian Center – New Client Referral Form 2025

Client Information

Referral Date _____

First Name _____ Preferred Name _____ Last Name _____
Date of Birth __/__/__ Age ____ Gender _____ Race _____ Pronouns _____
Address _____ City _____ State _____ Zip Code _____
Phone Number _____ Email _____
Where is the client/child currently living? ___ Home ___ Home of a Relative ___ Foster Care ___ Other
School Attending _____ Grade _____ Has an IEP? ___ Yes ___ No
Client's Avatar Number _____ Client's MCI Number _____
Availability for services (daytime, afternoon, etc.) _____

Family Information

___ Spouse ___ Parent ___ Legal Guardian Name _____
Address _____ City _____ State _____ Zip Code _____
Phone Number _____ Email _____

Reason For Referral

Mental health and medical diagnoses _____

History of suicidal tendencies/self-harm ___ Yes ___ No If yes, please explain _____
History of danger to others/animals ___ Yes ___ No If yes, please explain _____
Goals for Participation _____

Additional Information

Is the client continent of bowel and bladder? ___
Has the client presented with problem sexual behavior? ___
Does the client understand verbal prompts and is able to communicate? ___
Has the client demonstrated physical aggression toward any professional in the last three months? ___
Please provide additional detail here _____

Referring Agency

Referring Agency _____ Contact person _____
Phone Number _____ Email _____

What Trinity Equestrian Center services are you interested in?

- Equine Assisted Psychotherapy
- Psychotherapy
- Adaptive Riding (Weight limit 190 pounds)
- Equine Workshops (Weight limit 190 pounds)
- Workshops
- Community Connections
- Youth Counseling; how many hours per week are you authorizing? ____ Hours

How will these services be paid for?

- WPS
- CCS
- County
- LSS
- IRIS
- Premier
- Other _____

***In order to proceed with scheduling an intake and services, a service authorization, Individual Service Plan with detailed goals and complete billing information must be provided to Trinity Equestrian Center's Administration. Thank you!**

Billing Agency

Name _____ Contact Person _____
Address _____ City _____ State _____ Zip Code _____
Phone Number _____ Email _____