



CONFIDENTIAL 2017 RETREAT APPLICATION FORM

Veteran or Service Member Information (Please print as clearly as possible. Thank you.)

Name _____ Date of Birth _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____ Application Date: _____

Email _____

Service Status: ___Active ___Veteran Service Dates: (Please provide copy(ies) of DD214.)

Air Force _____ Army _____

Marines _____ Navy _____

Coast Guard _____ National Guard (Branch) _____

Reserves (Branch) _____ Did you serve in a combat zone(s)? _____ If so, where and when? _____

While serving in the military, were you ever sexually assaulted? _____

Have you been diagnosed with, experienced symptoms of, or been treated for post-traumatic stress (PTSD)? _____ If so, by whom? _____

Are you currently in treatment/therapy/counseling? _____ If so, please provide name of provider (optional): _____

Does this person know you are planning to attend this retreat? _____

Are you taking any prescription medications for medical and/or mental health condition(s) such as PTSD; TBI; etc.? _____ If so, please list ALL medications and dosages that have been prescribed, including but not limited to, medical marijuana. Please continue on the back of this sheet if necessary.)

Condition	Name & Dosage(s) of Medication
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Did the trauma occur during your military service? _____ If not, under what circumstances did it occur? _____

Have you have been diagnosed with, experienced symptoms of, or been treated for traumatic brain injury (TBI)? _____ If so, by whom and where? _____

ALLERGIES: Medications and Foods

Are there medical conditions, allergies (including food allergies) or medications of which we should be aware? _____ If so, please list:

Medical Condition or Allergy	Reaction
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

MEDICATIONS: (Please bring all required with you.)

What dietary restrictions, if any, do you have (gluten-free; vegetarian; vegan; etc.)? _____

Do you require special accommodations for any physical disability (ramps; grip bar for bathroom shower, etc.)? _____

Have you completed a treatment program for alcohol and/or drugs? _____

If so, has it been within the last six (6) months? _____

If you have a history of alcohol and/or drug dependence, are you currently clean and sober? _____

If so, for how long? _____

What specifically would you like to gain from this retreat? _____

How did you find out about these retreats? If none of those below, please identify _____

Brochure _____ Posted Flyer _____ Where? _____ Embrace A Vet Website _____

Veterans Helping Veterans Group _____ Veterans Organization (VFW, DAV, AL, etc.) _____

Veterans Administration _____ Vet Center _____ Other, including referral _____

If other, please identify: _____

Accompanying Family Member or Friend Information (Please print as clearly as possible. Thank you.)

Name _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email _____

Are you a veteran or service member? Yes ___ No ___ What is your relationship to the veteran or service member? _____

Do you have any allergies (including food), medical conditions, or medications of which we should be aware? _____ If so, please list:

Allergy	Reaction
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Medications: (Please bring all required with you.)

Diagnosis	Name & Dosage(s) of Medication
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

What dietary restrictions, if any, do you have (gluten-free; vegetarian; vegan; etc.)? _____

Do you require special accommodations for any physical disability (ramps; grip bar for bathroom shower, etc.)? _____

What specifically would you like to gain from this retreat? _____

Embrace A Vet retreats are substance-free (other than prescribed medications) events. In addition, no weapons are permitted to be brought to the retreats and by signing this application participants agree to these policies.

By signing this application, I acknowledge and authorize representatives of Embrace A Vet to discuss this application with any representative of a Maine Vet Center or other referral organizations or agencies.

I agree to participate fully in this multi-day retreat.

Veteran Signature: _____ **Date:** _____

Family Member/Friend Signature: _____ **Date:** _____

This retreat is FREE to participants, but a \$100.00 commitment fee is required with the application, which is refunded at the close of the retreat. Once your application is received and processed, we will contact you. Applicants will be registered in the order in which their application is received.

PLEASE EMAIL THIS COMPLETED FORM TO: **Dean Paterson (deanpaterson@comcast.net.)**

OR MAIL TO: **Embrace A Vet
PO Box 516
Topsham, ME 04086**

If you have questions or require additional information, please contact: **Dean Paterson (207) 865-3867**

***Attendance at the retreat is not a substitute for any counseling or treatment in which you may be involved.**

CONFIDENTIALITY STATEMENT: Consumer confidentiality is governed by many laws and regulations. These include:

HIPAA (regulations at 45 CFR Parts 160 and 164), the Federal law related to privacy of health information;

Federal substance abuse law (regulations at 42 CFR Part 2);

State mental health confidentiality law (34-B M.R.S.A. § 1207) and Community Service Network law (34-B M.R.S.A. § 3608);

Federal protection and advocacy agency regulations (42 CFR Part 51); and

State mental health confidentiality regulations (Rights of Recipients of Mental Health Services, Part A (IX))

Rules Governing the Disclosure of Information Pertaining to Mentally Disabled Clients.

If there is a clear and substantial reason to believe that a consumer poses an immediate danger of serious physical harm to him/herself or others, providers must notify any person (including law enforcement and the endangered person) who may reasonably be able to prevent or lessen the threat.