

# 2026 Growing Resilience at Prairie Star Care Farm

## Participant Enrollment Form

*This program supports the needs of those with a Severe and Persistent Mental Illness (SPMI) and requires referral from your county social services team.*

### **Referral Information:**

Name of County Case Manager/Worker: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Are you willing to consent to sign a release of information regarding your physical and/or mental health needs from your county case worker?

- Yes
- No

### **Participant Information:**

First and Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Gender/Pronouns: \_\_\_\_\_

Race / Racial Identity: (optional) \_\_\_\_\_

Employment Status: (circle all that apply)

- Employed
- Seeking Employment

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

County of Residence: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

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

How do you prefer to communicate? (Circle all that apply)

- Phone
- Text
- Email

**Emergency Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Health and Medical Information:**

Primary Diagnoses: \_\_\_\_\_

- Check if you have a diagnosis of substance use disorder

Allergies/Food Intolerances: \_\_\_\_\_

Sensory Challenges/Sensitivities: \_\_\_\_\_

Are there any mobility supports, physical considerations, or comfort needs that would help you enjoy time in nature more fully? Do you use a walker or wheelchair?

\_\_\_\_\_

Are there any other health concerns or considerations?

\_\_\_\_\_

**Program Preferences:**

Please indicate which sessions and which day of the week you wish to attend. You may sign up for more than one session if desired. If you are available either day, indicate first & second preference. This program will meet weekly on Wednesdays & Thursdays from 1:00-4:00 pm. Please circle any dates you know you will not be able to attend. You will be notified which sessions & program day you are enrolled in by May 5,2026. Referrals will be accepted throughout the summer and you will be put on a waiting list if space is not immediately available.

**\*Cancellation Policy:** It is highly encouraged to schedule around vacations & planned commitments. *We ask that you notify us before 5pm prior to any unplanned absences so we can offer your space to someone else that day. If there are two unplanned absences without proper notification, you may lose your permanent spots in the program and will be placed on the waiting list.*

*Check each session you would like to attend & circle the dates your are unavailable:*

*Wednesdays:*

- Session One: 5/27, 6/3, 6/10, 6/17, 6/24
- Session Two: 7/1, 7/8, 7/15, 7/22, 7/29
- Session Three: 8/12, 8/19, 8/26, 9/2, 9/9
- End of Season Celebration: 9/16 \*All participants in Wednesday sessions are encouraged to attend!

*Thursdays:*

- Session One: 5/28, 6/4, 6/11, 6/18, 6/25
- Session Two: 7/2, 7/9, 7/16, 7/23, 7/30
- Session Three: 8/13, 8/20, 8/27, 9/3, 9/10
- End of Season Celebration: 9/17 \*All participants in Thursday sessions are encouraged to attend!

- Check here if you would feel most comfortable in an all female, LGBTQ+ affirming group

**Therapeutic Goals:**

*Check the 3 most valuable benefits you hope to experience:*

- Improved Physical Energy/Activation
- Enhanced Social Connections
- Reduced Anxiety and/or Depression
- Increased Self Esteem and Confidence
- Develop New Coping Strategies
- Other: \_\_\_\_\_

**Preferred Activities:**

*Check all that apply:*

- Nature Walks
- Mindfulness Activities
- Gardening
- Nature Arts& Crafts
- Cooking
- Nutritional Education
- Animal Interaction (horses, sheep, chickens)

Are there any particular challenges that have made it difficult to enjoy time in nature?

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Are there any topics, interactions, environmental conditions or group dynamics that might make it harder for you to feel safe or stay regulated during a session?

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Please share any information that would enhance your group experience:

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**Commitment to Attendance & Cancellation Policies:**

You will be assigned to a program that meets weekly on either Wednesdays & Thursdays from 1:00-4:00 pm. It is highly encouraged that group members respect the cancellation policy (notification before 5pm prior to day of absence)) to allow others from the waiting list to attend or try out the group as able. It also makes it possible to arrange transportation. My signature below attests that I will do my best to collaborate with transportation schedules as needed in order to fulfill this commitment within the session dates identified.

**Zero Tolerance Policy for Threatening Behavior or Self Harm**

Our program is committed to maintaining a safe, supportive, and respectful environment for all participants, staff, and visitors. Any behavior that threatens the safety of self or others, or jeopardizes the integrity of the property, will not be tolerated under any circumstances. This includes, but is not limited to, verbal or physical aggression, harassment, intimidation, or actions that result in property damage. Violations of this policy may result in immediate removal from the program and/or additional consequences as deemed necessary.

**Consent, Authorization, and Hold Harmless Agreement**

By signing below, I certify that I understand the above information and have provided accurate information to the best of my knowledge. I understand that participation in outdoor activities involves inherent risks, and I hereby release and hold harmless, Growing Connections LLC, its staff, and volunteers from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any unintentional loss, damage, or injury, including death, that may be sustained by the participant while participating in the program or while on the premises where the program is conducted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_