



## VETERANS FREEDOM RETREAT APPLICATION

### PERSONAL INFORMATION

All personal information is confidential and treated accordingly.

Service Member/Veteran Name\* \_\_\_\_\_ DOB\* \_\_\_\_\_  
Last 4 digits of SSN\* \_\_\_\_\_ Ethnicity \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_  
Name of Spouse/Partner\* \_\_\_\_\_ DOB\* \_\_\_\_\_  
Last 4 digits of SSN\* \_\_\_\_\_ Ethnicity \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_  
Relationship to Veteran if not spouse\* \_\_\_\_\_  
Veteran Home Address\* \_\_\_\_\_  
City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
Number of Children \_\_\_\_\_ Ages/Gender \_\_\_\_\_  
Home Phone\* \_\_\_\_\_ Cell Phone\* \_\_\_\_\_ Other: \_\_\_\_\_  
Vet Email \_\_\_\_\_ Partner Email \_\_\_\_\_

### SERVICE INFORMATION

Branch of Service\* \_\_\_\_\_ Service Years\* \_\_\_\_\_ Discharge Date\* \_\_\_\_\_  
Combat Zone(s) \_\_\_\_\_ Deployment Dates \_\_\_\_\_  
Units/MOS/AFSC \_\_\_\_\_  
Awards/Decorations \_\_\_\_\_

Current Status:\*  Active Duty  Military Retired  Veteran  Other: \_\_\_\_\_

Is your Spouse/Partner a military veteran?\* Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please provide the following:\*

Branch of Service\* \_\_\_\_\_ Service Years\* \_\_\_\_\_ Discharge Date\* \_\_\_\_\_  
Combat Zone(s) \_\_\_\_\_ Deployment Dates \_\_\_\_\_  
Units/MOS/AFSC \_\_\_\_\_  
Awards/Decorations \_\_\_\_\_

Current Status:  Active Duty  Military Retired  Veteran  Other: \_\_\_\_\_

\* Required information.



## POST TRAUMATIC STRESS (PTS) INFORMATION

**The Veteran must have been diagnosed with PTS to attend a retreat.**

Veterans PTS was diagnosed: Date/Year\* \_\_\_\_\_  VA What VA Facility?\* \_\_\_\_\_

If not VA, what Clinic or Professional Health Care Provider?\* \_\_\_\_\_

Current/Past Counseling:\*

---

---

Has your Spouse/Partner been diagnosed with PTS? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please answer the following questions and complete the PTS questionnaire at the end of the application:

PTS was diagnosed: Date/Year \_\_\_\_\_  VA What VA Facility? \_\_\_\_\_

If not VA, what Clinic or Professional Health Care Provider? \_\_\_\_\_

Current/Past Counseling:\*

---

---

## MEDICAL INFORMATION

Service connected disability: % \_\_\_\_\_ Condition/Basis \_\_\_\_\_

**NOTE: Bring at least an 8 day supply of prescription medications.**

**VETERAN'S Physical Conditions** that require assistance/unique accommodations:

Motorized Wheelchair  Wheelchair  Walker  Cane  Other: \_\_\_\_\_

Medical Conditions:  Diabetic  Oxygen  Nebulizer  CPAC or other similar equipment

Other: \_\_\_\_\_

Sensitivities or Allergies:  Smoke  Other: \_\_\_\_\_

Dietary:  Vegetarian  Vegan  Gluten Free  Other: \_\_\_\_\_

Service Animal: Purpose \_\_\_\_\_ Breed \_\_\_\_\_

**\* Required information.**



**PARTNER'S Physical Conditions** that require assistance/unique accommodations:

Motorized Wheelchair  Wheelchair  Walker  Cane  Other: \_\_\_\_\_

Medical Conditions:  Diabetic  Oxygen  Nebulizer  CPAC or similar equipment

Other: \_\_\_\_\_

Sensitivities or Allergies:  Smoke  Other: \_\_\_\_\_

Dietary:  Vegetarian  Vegan  Gluten Free  Other: \_\_\_\_\_

Service Animal: Purpose \_\_\_\_\_ Breed \_\_\_\_\_

**OTHER INFORMATION**

What first name would you like on your nametag? Veteran \_\_\_\_\_ Partner \_\_\_\_\_

We conduct Equine Therapy on the first full day of the retreat followed by a very mellow horse “whisperer” session of trying to get a horse to join-up with different Participants to show the importance of allowing the horse to accept you instead of being forced to do what you want them to do. If you want to participate in the joining process, please mark “Horse Whisper.”

Veteran Horse Whisper? (Yes or No) \_\_\_\_\_ Partner Horse Whisper? (Yes or No) \_\_\_\_\_

**RETREAT INFORMATION**

Participants should arrive at the retreat location between the hours of 12:00 PM and 3:00 PM. Travel will be paid by the participant. The Retreat does not cover any travel expenses. Lodging and meals will be provided at no cost to the participants. Due to the nature of these retreats, children are not allowed to attend.

Comfortable, casual attire such as jeans, shorts, tennis shoes, bathing suits, hats and sunscreen are recommended. Closed toed shoes are necessary for equine therapy. Some activities will require exercise or loose clothing. Cool evening temperatures are expected and sweaters and light jackets are appropriate. Participants should bring pants or ankle length skirts for Native American ceremonies. We also have an evening dinner with dancing, please bring appropriate clothing.

For questions relative to the Retreat Application process, please call (940) 867-1863 or (940) 867-3987.

Once your application has been received and processed, you will be notified and placed in one of our first available scheduled retreats. See Center webpage ([www.veteransfreedomretreat.org](http://www.veteransfreedomretreat.org)) for retreat schedule. If circumstances require a particular retreat start date, please indicate below. Availability is limited.

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_



Mail the entire completed Retreat Application and a copy of your Form DD-214 to:

Veterans Freedom Retreat  
7200 Robertson Road  
Fort Worth, Texas 76135

FAX applications to 940-625-2780.

Email scanned applications to [L.djones@veteransfreedomretreat.org](mailto:L.djones@veteransfreedomretreat.org).

I/We have read the above and believe all of the answers given on the Retreat Application are true and correct.

\_\_\_\_\_  
Signature of Service Member/Veteran\* Date \*

\_\_\_\_\_  
Signature of Spouse/Partner\* Date \*

**How did you hear about the Veterans Freedom Retreat?** \_\_\_\_\_

**\* Required information.**

**IF YOU ARE A SINGLE VETERAN WHO HAS NO PARTNER**, but would be willing to partner with another vet who has completed the retreat and can mentor you during and after your retreat, please indicate below.

- Yes, I would like another Veteran to be my PTS support person during and after the retreat.
  
- No, I do not want a Veteran support person during and after the retreat. I will continue to seek a partner before my retreat.

**PTS QUESTIONNAIRE\***

**Veteran Participant's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and then circle/check one of the numbers to the right to indicate how much you have been bothered by that problem in the past month. Make sure to base your answers on problems that started or got worse after the event. **The event you experienced was \_\_\_\_\_ (Name event) in \_\_\_\_\_ (month/year when event occurred)**. Indicate how much were you bothered by each item in the last month. As a guide: Extremely might mean almost every day; Quite a Bit might mean twenty days out of the past 30; Moderately might mean ten to fourteen days; and A Little Bit might mean any number of days less than ten days out of the last 30. If you were not bothered by the indicated problem at all during the last 30 days, select Not at All.

	<b>Response</b>	<b>Not At All</b>	<b>A Little Bit</b>	<b>Moderately</b>	<b>Quite A Bit</b>	<b>Extremely</b>
1	Repeated, disturbing, and unwanted memories of the stressful experience?					
2	Repeated, disturbing dreams of the stressful experience?					
3	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?					
4	Feeling very upset when something reminded you of the stressful experience?					
5	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?					
6	Avoiding memories, thoughts, or feelings related to the stressful experience?					
7	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?					
8	Trouble remembering important parts of the stressful experience (for some reason besides a head injury or alcohol or drug use)?					
9	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?					
10	Blaming yourself or someone else (who didn't directly cause the event or actually harm you) for the stressful experience or what happened after it?					
11	Having strong negative feelings such as fear, horror, anger, guilt, or shame?					
12	Loss of interest in activities that you used to enjoy?					
13	Feeling distant or cut off from other people?					
14	Having trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?					
15	Feeling irritable or angry or acting aggressively?					
16	Taking too many risks or doing things that could cause you harm?					
17	Being "super alert" or watchful or on guard?					
18	Feeling jumpy or easily startled?					
19	Having difficulty concentrating?					
20	Trouble falling or staying asleep?					

**Spouse/Partner Name (Only if partner diagnosed with PTS)** \_\_\_\_\_

Date \_\_\_\_\_ Instructions: Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, and then circle / check one of the numbers to the right to indicate how much you have been bothered by that problem in the last month. Make sure to base your answers on the problems that started or got worse after the event. **The event you experienced was \_\_\_\_\_ (Name event) in \_\_\_\_\_ (month/year when event occurred).** Indicate how much were you bothered by each item in the last month. As a guide: Extremely might mean almost every day; Quite a Bit might mean 20 days out of the past 30; Moderately might mean 10 to 14 days; and A Little Bit might mean any number of days less than ten days out of the last 30. If you were not bothered by the indicated problem at all during the last 30 days, select Not at All.

	Response	Not At All	A Little Bit	Moderately	Quite A Bit	Extremely
1	Repeated, disturbing, and unwanted memories of the stressful experience?					
2	Repeated, disturbing dreams of the stressful experience?					
3	Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?					
4	Feeling very upset when something reminded you of the stressful experience?					
5	Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?					
6	Avoiding memories, thoughts, or feelings related to the stressful experience?					
7	Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?					
8	Trouble remembering important parts of the stressful experience (for some reason besides a head injury or alcohol or drug use)?					
9	Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?					
10	Blaming yourself or someone else (who didn't directly cause the event or actually harm you) for the stressful experience or what happened after it?					
11	Having strong negative feelings such as fear, horror, anger, guilt, or shame?					
12	Loss of interest in activities that you used to enjoy?					
13	Feeling distant or cut off from other people?					
14	Having trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?					
15	Feeling irritable or angry or acting aggressively?					
16	Taking too many risks or doing things that could cause you harm?					
17	Being "super alert" or watchful or on guard?					
18	Feeling jumpy or easily startled?					
19	Having difficulty concentrating?					
20	Trouble falling or staying asleep?					