



## Valor Ranch Participant Intake Form

### Section 1: Basic Information

Full Name:		Preferred Name:	
Phone Number:		Email Address:	
Mailing Address:			
Emergency Contact Name:		Relationship:	
Emergency Contact Phone:			

### Section 2: Service Information

**NOTE: If first responder is selected, please continue to section 4.**

Are you:	Active-Duty	Veteran	First Responder
Branch/Agency:		Years of Service:	
Currently Serving:		Retired:	Honorably Discharged:
Yes      No		Yes      No	Yes      No      N/A

### Section 3: Treatment Information

Type of Care Currently Receiving:	
Provider Name & Facility:	
Primary Diagnosis (Optional):	
Are you cleared by your provider to participate?	Yes      No
Please attach a letter from your provider, case manager, or supervisor confirming active treatment and need for respite.	

### Section 4: Visit Preferences

Preferred Dates of Visit (if any):		
Do you require accessibility accommodations?  Yes      No	If yes, please explain:	
Will you be attending with a caregiver or family member?  Yes      No	If yes, list names and ages:	
Any dietary restrictions or allergies?  Yes      No	If yes, please explain:	

## Section 5: Additional Information

Why are you interested in visiting Valor Ranch? What do you hope to gain from your time here?

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## Section 6: Acknowledgment

By submitting this form, I affirm that the information provided is true to the best of my knowledge. I agree to follow the code of conduct and safety guidelines provided by Valor Ranch upon acceptance.

Signature:		Date:	
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