



**EQUINES FOR FREEDOM
PO BOX 53
FACTORYVILLE, PENNSYLVANIA 18419**

REFERRAL FORM

Are you having a Medical Emergency? If so, please go to your nearest medical emergency facility or call 911.

Name: _____

Address _____

May we send mail to this address? Yes ___ No ___

Phone Number: _____

May we leave voice-mails on this line? Yes ___ No ___

May we leave text messages on this line? Yes ___ No ___

E-mail address: _____

May we send e-mails to this address? Yes ___ No ___

What is your Military Status? (*The nature of your discharge is not a factor in our consideration of acceptance into our program*)

Active Duty _____

Guard _____

Reserve _____

Retired _____

Discharged _____

At what County Veterans Administration Office is your discharge registered?

County: _____, State: _____

We ask that you provide us with military discharge paperwork. Once military service is confirmed, you will be contacted by a member of our treatment team.