

THE RICK KEMP FOUNDATION



HORSES FOR HEROES

Application Form

1. Name of Referring Organization: _____

2. Name of Person Referring and Contact information: _____

3. Name of Veteran: _____

4. Address: _____

5. Phone number: _____

6. Branch of Service and Rank: _____

7. Dates of service: _____ *(Please provide a copy of DD214)*

8. Emergency Contact and Phone #: _____

9. PTSD? Yes No If yes, what percentage: _____

(If PTSD, please submit a current VA rating and letter of completion of VA PTSD program or private sector Equivalent)

10. TBI? Yes No

11. Is there anything regarding this veteran's PTSD , TBI, other injuries or medical conditions that we should be aware of? _____

12. Is this veteran currently enrolled in any other VA program? Please list: _____

13. Why do you feel this veteran is suitable for this program? _____

14. Please list any current medications: _____

To submit this form:
Please scan and email to TheRickKempFoundation@yahoo.com
Or mail to:
The Rick Kemp Foundation
3604 Division Rd.
Jackson, WI 53037

Any inquiries should be directed to TheRickKempFoundation@yahoo.com,
Attn: Horses for Heroes Program