



## Frontline Gardens Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Branch of Military / First Responder Service \_\_\_\_\_ Years of Service \_\_\_\_\_

Name of Therapist/Counselor \_\_\_\_\_ May we contact your Therapist \_\_\_\_\_

Do you have any special military awards? Purple Heart or above and/or valorous award \_\_\_\_\_

If military, and separated or retired, please attach a copy of your DD214

Do you have a spouse that resides with you? \_\_\_\_\_

If yes, Spouse name: \_\_\_\_\_

Do you have children living at home? \_\_\_\_\_

If yes, how many, and ages. \_\_\_\_\_

Are you currently under care for PTSD? \_\_\_\_\_

What is your therapist's name and in what medical center do they practice?

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Frontline Gardens will provide your Mental Health Professional/Therapist a book to assist your progress in horticultural therapy. Frontline Gardens will not invade your privacy, or talk about your therapy, we will only communicate with your therapist about the process of our program.

If you have anything else you would like to share, please do so below or on a separate sheet. Thank you for sharing with Frontline Gardens. We look forward to growing with you!