

**HINDS' FEET FARM & WELLS FARGO SCHOLARSHIP
REFERRAL/INTEREST CONTACT SHEET**

DATE OF REFERRAL/INTEREST CONTACT _____

PROSPECTIVE MEMBER CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

DATE OF BIRTH/AGE: _____ DATE OF INJURY: _____

HOW DID YOU HEAR ABOUT HINDS' FEET FARM? _____

WHAT BRANCH OF SERVICE DID YOU SERVE IN? _____

HOW MANY DAYS OF THE WEEK ARE YOU WANTING TO ATTEND HINDS' FEET FARM?

PLEASE PROVIDE BRIEF INJURY INFORMATION (PAST AND PRESENT): _____

DO YOU RECEIVE CAREGIVER ASSISTANCE DURING THE DAY? Y ___ N ___

HOW FREQUENTLY? _____

REFERRAL CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

RELATION TO MEMBER (SPOUSE, RELATIVE, FRIEND, ORGANIZATION, OTHER):

PLEASE COMPLETE THE BACK PAGE OF THIS FORM

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WELLNESS QUESTIONS

Potential member: Please respond to the below wellness questions in the space provide. You are invited to ask a friend, family member or someone else to assist you in completing them. Please provide a thorough response.

What has serving your country meant to you in your personal and military life?

What are you doing now in your life? How are you keeping your time now? What are your future goals?

What do you believe will be the benefits of joining Hinds' Feet Farm? How will it change your life?