



HAVEN'S HORSES
A MINISTRY OF CHRIST'S HAVEN FOR CHILDREN

Therapeutic Riding Application

Mail or Fax Application to: Haven's Horses

P.O. Box 467; Keller, TX 76244

Fax: 817-337-1328

Barn: 817-741-7614

Participant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Gender _____ Height: _____ Weight: _____

Employer/School & Level _____

If under 18, please complete the following:

Father: _____ Phone _____ E-mail _____

Employer: _____ Phone _____

Mother: _____ Phone _____ E-mail _____

Employer: _____ Phone _____

____ Mother ____ Father Address if different from the Student's: _____

Name, Address & Phone numbers of _____ Legal Guardian or _____ Caregiver (if not parent)

_____ e-mail _____

Emergency Contact Information: Name/Relationship _____

Phone: Cell _____ Work: _____ Home: _____

Disability: Primary _____ Date of Onset _____

Secondary: _____

Ambulatory? Yes _____ No _____ Crutches _____ Cane _____ Braces _____ Walker _____ Wheelchair _____

Able to sit independently? Yes _____ No _____ **Verbal?** Yes _____ No _____

Previous Riding Experience: Yes _____ No _____ If yes, how long? _____

Name of stables: _____ Location _____

Style of riding: English _____ Western _____ Other: _____

Signature of Adult Participant or Parent/Guardian of Minor Participant

Date

As of September, 1995, Texas enacted the following Law: *Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

RIDER REGISTRATION FORM

~~To be completed after initial evaluation~~

Rider's Name: _____ Date of Birth: _____

Address: _____ City: _____

Zip Code: _____ E-mail: _____

Phone Number: (H) _____ (C) _____

Primary Disability: _____

Secondary Disability: _____

Custodial Parent/Caregiver Name (If applicable): _____

Phone: (H) _____ (C) _____ (W) _____

E-Mail: _____

Check here if you are applying for **Financial Assistance and** have enclosed completed application.

Upon the completion of the initial evaluation, the instructors of Haven's Horses will identify if the rider is in need of Therapeutic Riding Lessons or Physical/Occupational Therapy. You will be contacted after the evaluation and asked to complete the Rider Registration Form before beginning therapy.

Therapeutic Riding

Group Class Sessions:

Fall Session: \$35 / rider / 1 hr class

Spring Session: \$35 / rider / 1 hr class

Private Class Sessions:

Fall Session: \$40 / rider / 30 min class

Spring Session: \$40 / rider / 30 min class

Monthly Classes:

Group Class: \$40 / rider / 1 hr class

Private Class: \$45 / rider / 30 min ride

Physical Therapy & Occupational Therapy

Physical Therapy: \$80 / rider / 30 min session
Session length based on client's needs & progress

Occupational Therapy: \$80 / rider / 30 min session
Session length based on client's needs & progress

Rider Availability

Please indicate all your available riding times below. Please understand riding times marked may not be available.

	8:00 – 10:00a.m.	10:00 – 12:00	12:00 – 2:00p.m.	2:00 – 4:00	4:00 -6:00	5:00 – 7:00
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

THERAPEUTIC RIDING PAYMENT POLICIES

- The person signing below agrees to timely pay for all services provided by Christ's Haven for Children, Inc. All classes must be paid for whether the rider is able to attend or not without the option of a makeup class (this includes failures to attend due to vacations or illness).
- Riders must give 24 hour notice before canceling or he/she will be billed a late cancellation fee of \$25.
- For classes that have been pre-paid, if a class is cancelled due to inclement weather or extraordinary events, such decision to be solely within Christ's Haven for Children's discretion, the rider will not be charged for the class so cancelled or charged a late cancellation fee. Christ's Haven for Children may or may not schedule a "make up" class and is not obligated to do so.
- I understand that the time and amount of payment due for services sought are contained in other documents that I or the rider are signing, and agree to be bound by those times and amounts of payments.
- All payments are due the 1st lesson of the month; riders will be charged a 10% late fee without notice the 2nd lesson of the month. If payment is not made by the 3rd lesson of the month, the rider will not be able to ride and the rider's spot will be forfeited to a rider on the waiting list for the 4th lesson of the month.
- Students should be punctual for classes. This will allow everyone the opportunity to ride for his/her allotted time. Classes will end punctually. Therapeutic Riding Students that arrive 15 minutes after their scheduled class time starts will not be allowed to ride and will still be responsible for full payment of the class.

I have read and understand what is written and agree to follow the payment policies set forth by Haven's Horses at Christ's Haven for Children.

Participant/Guardian Printed Signature: _____ Date: _____

Participant/Guardian Signature: _____ Date: _____

Make Checks Payable to:

Christ's Haven for Children

Haven's Horses

PO Box 467

Keller, TX 76244

Phone: 817-741-7614

Fax: 817-337-1328

www.havenshorses.org

HAVEN'S HORSES RULES & REGULATIONS

While providing our students, volunteers, staff and families with services, safety is a top priority. These rules and regulations are stated to help insure safety, and we ask your assistance in making sure that everyone follows them.

1. A parent or designated adult must be on the premises at all times during the time a student is on Haven's Horses property participating in Therapy classes only.
2. Students/Guardians/Parents will be required to sign a variety of forms, including but not limited to a photo release, liability release, emergency medical form, and attending physician forms. Forms must be signed **prior** to any participation in Haven's Horses activities.
3. As of September, 1995, Texas enacted the following Law:
Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.
4. Only staff, volunteers and students with supervision will be allowed beyond designated visitor areas. Off limit areas include, but are not limited to, barn hallway, the horse tacking area, mounting ramp, horses stalls, tack room, arena, and pasture. For the safety of everyone, Haven's Horses staff and volunteers will strictly enforce this rule.
5. Permission must be obtained from the student, parent, instructor and volunteers before photos are taken or videos taped.
6. Unsupervised children are not allowed at Haven's Horses. Siblings of students must be supervised at all times while on Christ's Haven for Children's premises. Siblings will NOT be allowed in "authorized personnel only" areas including stalls unless supervised by an instructor.
7. Personal pets are not allowed on property, with the exception of service dogs.
8. If absence is unavoidable, Parent or Guardian will call Haven's Horses to notify of cancellation as soon as possible so that we may notify instructor and volunteers prior to the scheduled class time.
9. Students should be punctual for classes. This will allow everyone the opportunity to ride for his/her allotted time. Classes will end punctually. Students that arrive 15 minutes after their scheduled class time starts will not be allowed to ride and will still be responsible for payment of the class, with the exception of Physical & Occupational Therapy riders.
10. All students are required to wear an ASTM-SEI approved riding helmet during all equine activities.
11. Students should dress appropriately for horse related activities. This includes but is not limited to comfortable, **closed toe, safe shoes**, weather appropriate attire, sunscreen, modest dress: long pants for riding, sleeveless shirts must measure 3 fingers at shoulders, no midriffs showing, etc.
12. Due to state regulations of Christ's Haven for Children, no children are allowed to play on playground equipment.
13. Hippotherapy and Therapeutic riding sessions may include occasional ground lessons targeting specific goals and objectives.
14. Haven's Horses will cancel classes in the event of a national weather service warning for Tarrant County, or in the event that the instructor determines that the class cannot be conducted safely. Please call in advance to see if classes are cancelled prior to driving in unsafe weather conditions.
15. THE UNAUTHORIZED CONSUMPTION OF ALCOHOLIC BEVERAGES ON THE PREMISES IS STRICTLY PROHIBITED.
16. NO SMOKING ON THE PREMISES.
17. No weapons of any kind are permitted on the premises.

I have read and understand what is written and agree to follow the rules and regulations set forth by Haven's Horses at Christ's Haven for Children. I understand and am aware of the Texas Equine Liability Act.

Signature of * rider, parent or guardian _____ Date _____

Printed name of *rider, parent or guardian _____ Date _____

***If the student is under the age of eighteen (18), a parent or guardian must sign.**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS

Participants Name: _____
Please Print

In case of Emergency, contact: _____ Phone(s): _____

Physician's Name: _____

City: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____ Policy #: _____

Please indicate any allergies: _____

Please indicate any medical issues that may effect your child's participation at Haven's Horses. _____

Date of last Tetanus shot: _____

CONSENT PLAN I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Haven's Horses, or while being on the property of Christ's Haven for Children, I authorize Haven's Horses at Christ's Haven for Children to:

- 1. Secure and retain medical treatment and transportation, if needed.
- 2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Consent Signature _____ Date: _____

Signature of Parent/Guardian _____
(If participant is under 18 years of age, both signatures are required)

PHOTO RELEASE:

_____ I **consent** to and authorize _____ I **do not** consent to nor do I authorize the use and reproduction by Haven's Horses & Christ's Haven for Children of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
(If volunteer/participant is under 18 years of age, both signatures are required)

POLICY OF CONFIDENTIALITY:

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Haven's Horses Therapeutic Program and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
(If volunteer/participant is under 18 years of age, both signatures are required)

ADULT LIABILITY RELEASE

(For persons 18 Years and Older ONLY)

I, _____, acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at Christ’s Haven for Children and Haven’s Horses are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against Christ’s Haven for Children and Haven’s Horses, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, “The Released Parties”) from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by Christ’s Haven for Children and Haven’s Horses or while on Christ’s Haven for Children and Haven’s Horses property, from whatever cause, including but not limited to the negligence of The Released Parties.

As of September, 1995, Texas enacted the following Law: *Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof. This form is legally binding when you sign below regardless of whether the form is notarized. The presence of a notary seal is not required for this agreement to be legally binding.

Participant Signature: _____ Date _____

Participant Name: _____
Please Print

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____.

Signature of notary officer: _____ (stamp or seal below)

County of _____, TX

RELEASE FOR A MINOR OR WARD

(For Persons Under 18 Years of Age or for Adults Who Have a Legal Guardian)

That I, _____, the undersigned, a parent/legal guardian of _____, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Christ’s Haven for Children and Haven’s Horses and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by Christ’s Haven for Children and Haven’s Horses are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against Christ’s Haven for Children and Haven’s Horses, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, “The Released Parties”) including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at Christ’s Haven for Children and Haven’s Horses or while on Christ’s Haven for Children and Haven’s Horses property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY’S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD’S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY CHRIST’S HAVEN FOR CHILDREN AND HAVEN’S HORSES. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT CHRIST’S HAVEN FOR CHILDREN AND HAVENS HORSES FROM THE CONSEQUENCES OF THE RELEASED PARTIES’ OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

As of September, 1995, Texas enacted the following Law: *Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance. This form is legally binding when you sign below regardless of whether the form is notarized. The presence of a notary seal is not required for this agreement to be legally binding.

Guardian/Parent Signature: _____ Date _____

Guardian/ Parent Name: _____
Please Print

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____.

Signature of notary officer: _____ (stamp or seal below)

County of _____, TX

HAVEN'S HORSES

PARTICIPANT BACKGROUND CHECK FOR 14 YEARS & OLDER

I hereby authorize Christ's Haven for Children, Inc./Haven's Horses to conduct all background searches on me, and I hereby agree to sign all forms that may be required for Christ's Haven for Children/Haven's Horses to conduct such searches.

All participants (riders and volunteers) the age of 14 and older are required to provide background check information in order to be on the campus of Christ's Haven for Children.

Printed Signature: _____ Date: _____

Signature: _____

Please fill out the following form:

Dept of Family
and Protective Services

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

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Complete the following for each person requiring a Criminal History/Central Registry Check and return this form to the Licensing Office. Additional forms may be obtained from the Licensing office.

<input type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number		ID Type - Drivers License or ID Number - State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:		Relationship of person to requestor	
		<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	
Other names used (married, maiden, etc.)	First Name	Middle Name	Last Name



HAVEN'S HORSES
A MINISTRY OF CHRIST'S HAVEN FOR CHILDREN

PO Box 467
Keller, Texas 76244

Phone: 817-741-76144
Fax: 817-337-1328

PHYSICIAN ASSESSMENT & HEALTH HISTORY

~~To be completed by physician~~

Client's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Height: _____ Weight: _____
Date of Last Tetanus shot: _____

Diagnosis:

Primary: _____ Date of Onset: _____
Secondary: _____ Date of Onset: _____
Other: _____ Date of Onset: _____

Past/Prospective Surgeries (include dates and reasons): _____

Medications: _____

Seizures: ____ No ____ Yes Type: _____ Date of last seizure: _____

Shunts, Implants: _____

Mobility: Independent Ambulation: ____ Yes ____ No Assisting Devices: _____

The client is seeking to obtain equestrian services from Christ's Haven for Children/Haven's Horses. Please note any of the following conditions that may suggest precautions and/or contraindications to equestrian activities, including whether they are present, and, if so, to what degree.

Orthopedic

- Atlantoaxial Instability - include neurologic symptoms
- Coxa Arthrosis
- Cranial Deficits
- Heterotopic Ossification/Myositis Ossificans
- Joint subluxation/dislocation
- Osteoporosis
- Pathologic Fractures
- Spinal Joint Fusion/Fixation
- Spinal Joint Instability/Abnormalities

Neurologic

- Hydrocephalus/Shunt
- Seizures
- Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

Other

- Indwelling Catheters/Medical Equipment
- Medications - i.e. photosensitivity
- Poor Endurance

Skin Breakdown

Medical/Psychological

- Allergies
- Animal Abuse
- Cardiac Condition
- Physical/Sexual/Emotional Abuse
- Blood Pressure Control
- Dangerous to self or others
- Exacerbations of medical conditions (i.e. RA, MS)
- Fire Settings
- Hemophilia
- Medical Instability
- Migraines
- PVD
- Respiratory Compromise
- Recent Surgeries
- Substance Abuse
- Thought Control Disorders
- Weight Control Disorder

Client's name: _____

As thoroughly as possible, please indicate current or past difficulties/symptoms in the following systems/areas that apply including surgeries.

Area	No	Yes	Degree/ Comments
Auditory			
Visual			
Speech			
Tactile/Sensory			
Cardiac			
Circulatory			
Pulmonary			
Integumentary/Skin			
Immunity			
Neurologic			
Muscular			
Orthopedic			
Bowel/Bladder			
Learning Disabilities			
Cognitive			
Emotional/Psychological			
Behavior			
Other			

For those with Down Syndrome:

An Atlantoaxial x-ray and annual exam to exclude Atlantoaxial instability is required for clients with Down Syndrome over the age of 3. Date of X-Ray: _____ Results: _____
 Neurologic Symptoms of Atlantoaxial instability: _____

Given the above diagnosis and medical information, this person is not medically precluded from participation in supervised equestrian activities. I understand that Haven's Horses Therapy Center will weigh the medical information indicated above against any existing precautions and/or contraindication before accepting this person for therapeutic horseback riding lessons. Therefore, I refer this person to Haven's Horses Therapy Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD, DO, NP, PA Other _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____



HAVEN'S HORSES
A MINISTRY OF CHRIST'S HAVEN FOR CHILDREN

FINANCIAL ASSISTANCE OPPORTUNITIES

Haven's Horses strives to make its services available to all participants whose application for registration is accepted. Haven's Horses is able to fulfill this mission through the generosity of our supporters.

APPLICATION FOR FINANCIAL ASSISTANCE

At a future date, Haven's Horses may have resources for financial assistance, therefore, individuals applying for services at Haven's Horses must submit the Financial Assistance Application with their Registration Form. If funds become available, awards will be made only after the individual has been admitted into Haven's Horses program. All scholarship requests must be renewed on an annual basis each Fall by submitting a newly completed Scholarship Application.

AWARDING OF FINANCIAL ASSISTANCE

All information provided on the *Financial Assistance Application* is kept in strict confidence. The Financial Assistance Committee reviews the applications and may find it necessary to request additional information; this is arranged by the Business Office on a confidential basis.

Haven's Horses
FINANCIAL ASSISTANCE APPLICATION

This application is optional and is for financial assistance at Haven's Horses. The information will be kept confidential and will be made available only to the Haven's Horses Financial Assistance Committee.

Financial Assistance awards are based solely upon need. Due to limited funds we ask all applicants for financial assistance to make a careful assessment of their financial needs. Final determination of financial assistance awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship.

It is important that an application be filed as early as possible prior to the start of the semester. All requested information must be provided. We cannot consider this application until all material has been submitted. **Please note that the 'Applicant' is the individual who will be riding or receiving the lessons.**

A) Information about Applicant:

Name: _____ Date of Birth: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Has Applicant earned any income in the last 2 years? _____ If so, state all sources of Applicant's income for the last 2 years:

(If minor or incapacitated person) Parent or Legal Guardian Name(s): _____

Please list all persons who regularly provide financial support to Applicant:

Name	Relationship to Applicant
_____	_____
_____	_____
_____	_____
_____	_____

B) Information About the Person Filling out this Application:

Name: _____ Relationship to Applicant: _____

Best Way to Reach You about this Application: _____

C) Information about Persons Providing Financial Support to Applicant

The following Information must be answered by each person who provides regular financial assistance to Applicant. Please make or request additional copies of this sheet for each person. If Applicant earns any income, this information must also be answered by or for Applicant.

Name: _____ Relationship to Applicant: _____

Home Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Best way to contact: _____

List all persons dependent upon your income:

Name	Age	Relationship	Reside with you?
------	-----	--------------	------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please identify below any other information you wish the Scholarship Committee to consider with this Application:

Please complete the attached worksheet. Upon request by the Scholarship Committee, you may be asked to provide additional documentation.

Signed: _____ Date: _____

Haven's Horses Financial Assistance Worksheet

Monthly Household Income	Amount
Wages	
Applicant Benefits	
Applicant Child Support	
Other:	
Total	
Monthly Household Expenses	
Rent/Mortgage	
Car(s)	
Fuel/Transportation Cost	
Insurance	
Food	
Childcare	
Uninsured Medical	
Utilities	
Educational	
Child Support/Alimony	
Other:	
Total	