



The Farm at Penny Lane

UNC Center for
Excellence in
Community
Mental Health

Horticultural Therapy Program Clinical Referral Form

Mondays, 10:00 AM – 12:00 PM

**The Farm at Penny Lane
263 Penny Lane
Pittsboro, NC 27312**

Instructors: Sally Haskett, HTR & Amy Brightwood, HTR
Horticultural Therapists at the North Carolina Botanical Garden

Program Description

The Horticultural Therapy program at The Farm at Penny Lane is a collaboration between the *UNC Center for Excellence in Community Mental Health (UNC CECMH)*, *The North Carolina Botanical Garden* and *The Farm at Penny Lane*. Our goal is to offer weekly sessions that focus on both indoor learning and outdoor gardening in an inclusive group setting. Classes are for adults with a mental health diagnosis served by the Center, and other service providers when space permits and with permission of the instructors.

Horticultural therapy focuses on whole person health. Through working with plants, a client can improve: physical health through activity, fresh air and nutrition from the garden; emotional health through creative expression, caring for plants and productive work; and social health through sharing, working together, and building community.

Programs are offered year round and organized around a seasonal schedule, with 10-12 individual sessions comprising each seasonal program (see below). All sessions are held on Monday mornings from 10 am to noon. Please contact the Program Manager for exact dates.

Winter Season:	January through March
Spring Season:	April through June
Summer Season:	July through September
Fall Season:	October through December

New potential clients are asked to attend a required brief tour of The Farm at Penny Lane with one of the instructors. Tours are held the first Monday of each month from 12:15-12:45 PM. The Program Manager will contact the client to schedule and confirm the tour once a referral is received. Clients are strongly encouraged to apply by the beginning of each seasonal program to have a better chance of obtaining a spot for the season.

We ask that a client commits to attending at least 7 of the 10-12 sessions during one seasonal program. Clients can return for the program in subsequent seasons.

Our sessions are group-oriented, providing a mix of discussion, work, and socializing. We do not have the capacity to offer one-on-one assistance for clients. If your client is likely to need this assistance, please indicate under "Client Information" below. Your client may still be able to attend, but may be asked to bring a support worker to assist them through the session.

Contact:

Matt Ballard, MSW
Program Manager
263 Penny Lane
Pittsboro, NC 27312
matthew_ballard@med.unc.edu
(919) 445-0665 Office
(919) 533-9397 Cell

Horticultural Therapy Program Participant Application

Please select which season you are applying for:

Spring

Summer

Fall

Winter

Date:

Name:

Preferred name:

DOB:

Address:

Preferred phone:

Email address:

Which is the best way to reach you?

Text

Phone Call

Email

Emergency Contact Name:

Relationship to Emergency Contact:

Emergency Contact Phone Number:

I will need transportation to the Farm from Carr Mill Mall at 9:30 am:

Yes

No

Name of Referring Clinician at the UNC STEP or OASIS Clinic:

Please briefly list or explain why would you like to be part of the Horticultural Therapy program? How do you think it would benefit you?

Do you have any concerns about your ability to participate in the group learning environment of the Horticultural Therapy program?

If "Yes," how might we help support or accommodate you?

Clinical Referral

Clients are accepted into the Horticultural Therapy program via a referral from a Qualified Professional employed by UNC CECMH or another service provider. Please refer clients who you think would be appropriate in a group setting. Referrals that wouldn't be considered appropriate would be clients with any of the following:

- Unable to work in a group setting for a sustained 2 hours
- Poor motivation
- High degree of distress
- High degree of anger and hostility
- Antisocial behavior
- Preoccupied with acute crisis
- Inability to engage
- Severe cognitive or intellectual disability
- Acute suicidal ideation

Thank you for providing the following information regarding your client. Please complete the form below, attached with the client's Participant Application, and return to Matt Ballard at matthew_ballard@med.unc.edu.

Referring Clinician's Name:

Referring Clinician's Phone:

Referring Clinician's Email:

UNC CECMH Program of Referring Clinician:

Treatment Duration with Referring Clinician:
(or total length with UNC CECMH)

Psychiatric diagnosis:

Medical diagnosis:

Allergies:

Please explain here if any of the above listed symptoms or disabilities not suitable to a group setting apply to this client:

If unable to be in a group setting for 2 hours without assistance, please indicate name and relationship of person who will be assisting:

In your own words, please describe your client and how they would fit into and benefit from a group learning experience:

Please note any other relevant information that may affect the client's ability to attend and/or commit to the Horticultural Therapy Program:

Referring Clinician Signature

Date