



Patriot Resilient Leader Institute

P.O. Box 7384

Gilford, NH 03247-7384

The Patriot Resilient Leader Institute is not a fully staffed health care facility and needs to ensure that applicants are physically, psychologically, and emotionally capable of participating in our retreat. Thus, one of the purposes of this form is to get verification from the veteran's therapist/physician that the veteran applying to Camp Resilience is capable of successfully completing the retreat. In particular, we need to ensure that participants with PTSD are in late Stage II or Stage III of recovery, i.e. their symptoms are managed by medications or self-regulation.

We would also like to verify that the veterans that have service related disabilities have priority for invitations to participate in Camp Resilience sessions. Veterans who do not have a service related disability may still participate in a Camp Resilience session if there are spaces available.

Please submit the completed form by either e-mailing it to [info@prli.us](mailto:info@prli.us), faxing it to (603) 524-0718, or mailing it to the following address:

Camp Resilience

P.O. Box 7384

Gilford, NH 03247-7384

Name of Veteran: \_\_\_\_\_

I certify that (Please check all boxes that are true of this veteran):

This veteran is physically, mentally and emotionally capable of completing a Camp Resilience session

This veteran has the following service related conditions: \_\_\_\_\_

Other Medical Issues: \_\_\_\_\_

The following medications are suitable for the intended need

Medications: \_\_\_\_\_

This veteran is free of substance and/or alcohol dependence

This veteran is able to self-regulate his or her emotions

This veteran has a low likelihood of suicide

This veteran has a low potential for acting out

This veteran requires a service animal

This veteran requires a single room because \_\_\_\_\_  
\_\_\_\_\_

Anything else that would be helpful to know about this veteran to help us better manage his or her experience at Camp Resilience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note, this form must be complete in order for the veteran to receive an invitation. Please contact our Operations Director at (978) 219-4003 with any questions or concerns. Thank you.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title/ Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number