



Wellness G.I.F.T.S. Inc

Wellness G.I.F.T.S. ("Giving Inspiration For The Soul")

7531 County Rt. 13, Bath, NY. 14810

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WELLNESS G.I.F.T.S. VIRTUAL RETREATS!!! Check your preference of Retreat Sessions.

Please indicate 1st and 2nd choices.

Note that each Saturday of the week at 10:30am. will be a virtual on-line meeting!

SESSION I: _____ October 17, 2020

SESSION II: _____ November 21, 2020

SESSION III: _____ December 19, 2020

Who can attend? Any families who have children with developmental challenges.

Registration: Please complete this application form. First come, first accepted.

Limit 10 families per session.

Cost: FREE

Equipment Needed: Access to computer, I-pad or smart phone needed for on-line activities.

Other Supplies: Weekly activity kits will be mailed to your home from Wellness G.I.F.T.S!

CHILDREN

Please list ALL your children attending (both neuro-typical and those with special needs.)

If your child has special needs, please attach proof of his/her **eligibility for services** from OPWDD. See box at the end of this registration form. (Note – this data ensures our funding from OPWDD!)

NAME	DOB	DIAGNOSIS	T-SHIRT SIZE

PARENT/GUARDIANS

NAME	RELATIONSHIP to Child/Children	T-SHIRT SIZE

Address: _____ City: _____
County: _____ State _____ Zip Code _____
Email Address: _____
Phone: () _____ Cell Phone: () _____

**REGISTRATION FEE
FREE**

FAMILY INFORMATION
Please fill out the following as completely as possible. Although we will not be interacting directly with your child, we are providing weekly activity kits and may be in small break out groups on-line, so the following info. will be helpful.

Are there any dietary needs or food allergies that we should know about?

Are there any medical issues we should know about? (please include allergies other than food items)

What are you and your children most looking forward to?

Do you have suggestions for communicating with your child?

Please explain any behaviors we can be prepared for and explain how you or others have managed those behaviors in the past. For example, do you use a specific behavior plan, a unique parenting style/technique, reward systems, written schedules, etc.? If there is other information you would like us to know about your family, please describe below (please include birthdays that will happen during the retreat). Please use another sheet of paper if necessary

Behavior: _____

Management and Triggers to Avoid or Watch for: _____

PHOTO PERMISSION

I do hereby give *Wellness G.I.F.T.S.* permission to use photographs, screen shots, videotapes, with or without audio, which may be taken, or you may be sending in, while my child/ren and family are attending retreats for promotional, educational, or fundraising activities. I understand that these likenesses will be used to promote public awareness, understanding, and support of the *Wellness G.I.F.T.S.* program. Please sign here if it's ok to use photos of your family:

Photo Permission OK for the _____ Family. Signed: _____

FUNDING

Do you anticipate getting funding from an organization to help pay the retreat cost? YES NO

Do you have "self-direction" OPWDD funding? YES NO

If so, please list:

Care Coordinator's Name: _____ Email: _____

Agency: _____ Phone: _____

Address: _____

Amount Expected: _____

ELIGIBILITY INFORMATION

Any retreat participants who are eligible to receive services through OPWDD and who live in Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming or Yates counties, please include proof of your eligibility. Even if OPWDD is NOT providing you with the refundable Day Retreat fee, the following information is needed for *Wellness G.I.F.T.S.* to receive its funding to provide the retreats.

Please send us one of these documents which demonstrate your OPWDD Eligibility:

___ Notice of decision OPWDD Eligibility letter OR

___ Notice of Decision - Waiver/CCO OR

___ Signed LCED form OR

___ Choices TAB inquiry (Individual)CR4

___ Consent for *Wellness G.I.F.T.S.* to access Choices to obtain necessary proof of eligibility

It is helpful if you send in a **photo** of your family with this registration so we can “meet” you before the retreat starts.

2. Please scan and email this application to: director@wellnessgifts.org
Or mail to: **7531 County Rt. 13, Bath, NY. 14810**

I understand that for the purpose of coordination of services, information may be shared and received with other agencies. (Including the Care Coordination Organization, OPWDD and its regional offices, and individuals/agencies that volunteer for the retreats).

Parent Signature

Date