



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



Retreats Application

Web : www.WellnessGifts.org
Email : Director@WellnessGifts.org
Office : 7531 County Route 13
Bath, NY 14810
Phone : 607. 684 . 3243

In Person : _____
Virtual: _____

Who can attend? Any families who have children with developmental challenges.
Registration: Please complete this application form. First come, first accepted.

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!)

<u>NAME</u>	<u>DOB</u>	<u>DIAGNOSIS</u>	<u>T-SHIRT SIZE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PARENT/GUARDIANS

NAME

RELATIONSHIP to Child/Children

T-SHIRT SIZE

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Email Address: _____

Phone: (____) _____ Cell Phone: (____) _____

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, video with or without audio, which may be taken, or you may be sending in, while my children 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.

Photo Permission OK for the _____ Family.

Signed: _____

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.

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: _____