



# Wellness GIFTS

a program by Pathways, Inc.  
Family Application Form 2022



Parent / Caregiver Name			
2 <sup>nd</sup> Parent / Caregiver Name			
Address/County			
	County:		
Email			
Phone 1		Phone 2	

Wellness GIFTS events are for the whole family. Please provide information regarding household member(s) who will be attending the event(s).

Name & TABS ID (if OPWDD-eligible)	Relationship	DOB	T-shirt size (Adult or Youth)	Diagnosis, if applicable

Care Coordinator				
Ok to Contact?	<input type="checkbox"/> yes	<input type="checkbox"/> no	Initials:	Phone #
Email				

Have you previously attended GIFTS retreats?	<input type="checkbox"/> yes	<input type="checkbox"/> no
How did you hear about Wellness GIFTS retreats?		
<b>Photo Permission</b>		
<input type="checkbox"/> I do hereby give Wellness GIFTS, a program by Pathways, Inc., permission to use photographs and videos, with or without audio, of me and my family taken while I am attending the retreats for promotional, educational, or fundraising activities. I understand that these likenesses will be used to promote public awareness, understanding, and support of Wellness GIFTS in the following formats/mediums: print, website, social media, video.		
SIGN		DATE

Application fees are non-refundable unless Wellness GIFTS cancels the retreat or the family is not accepted into the retreat. In-person event application fee is \$50/family. You can now pay your application fee online at <https://pathways-inc-2.square.site/wellness-gifts-retreats-registration>. If paying by check, **make check payable to Pathways, Inc.** and mail to: Pathways, Inc. – Wellness GIFTS, 33 Denison Parkway West, Corning, NY 14830.

Application Fee (\$50/family)	Paid	<input type="checkbox"/> online	<input type="checkbox"/> check	<input type="checkbox"/> other _____
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*We look forward to seeing you soon!!*

Please submit your application by email to [wellnessgifts@pathwaysforyou.org](mailto:wellnessgifts@pathwaysforyou.org) or mail to: Pathways, Inc. – Wellness GIFTS, 33 Denison Parkway West, Corning, NY 14830. Call (607) 937-4502 with questions or for more information.

Applications will be recorded in order of receipt. Registration is not considered complete until the application fee has been received. Families selected based on contract requirements, then on first-come, first-served basis. After application period closes, families will be notified when accepted (terms of OPWDD contract apply).





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## Please Complete for All Events

Please complete below to assist our staff & volunteers in supporting your family. Volunteer recruitment is difficult in 2022 due to the COVID-19 pandemic – please help us find helpers! Incentives might be applicable based on funding.

Are there any dietary needs or food allergies we should be aware of?
Are there any medical concerns we should be aware of? Include non-food allergies.
What suggestions do you have for communicating with your child?
Please describe behaviors/triggers we should prepare for, and methods used that have been successful in managing or decreasing those behaviors. Feel welcomed to attach behavioral plans to this registration to assist in answering this question.
What else would you like us to know about your family? (for example, special occasions occurring during the retreat, interests, what you are most excited for)

\*I understand that information related to payment by another agency may be shared or mutually received within the OPWDD Region 1 District.

\*\*Wellness GIFTS receives funding from a contract with NYS OPWDD for individuals residing in Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates counties. By applying for this event, you consent for Wellness GIFTS to access CHOICES (NYS system for OPWDD services) for proof of OPWDD eligibility and program enrollment where applicable. Other proof of eligibility includes Notice of Decision, Letter of Enrollment in NYS Cares, OPWDD acceptance letter, and notice of OPWDD Waiver enrollment. Scholarships available (limited availability/first-come, first-served).

SIGN		DATE	
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