



Wellness GIFTS

In Contract Region Only (**see counties)

Family Application Form 2024



Parent / Caregiver Name			
2 nd Parent / Caregiver Name			
Address			
Email			
Phone 1		Phone 2	
County**	<input type="checkbox"/> Chemung <input type="checkbox"/> Livingston <input type="checkbox"/> Monroe <input type="checkbox"/> Ontario <input type="checkbox"/> Schuyler <input type="checkbox"/> Seneca <input type="checkbox"/> Steuben <input type="checkbox"/> Wayne <input type="checkbox"/> Wyoming <input type="checkbox"/> Yates		

Wellness GIFTS retreats costs are covered for the **immediate** family. Please provide information regarding those who will be attending the event.

Name	TABS ID (if OPWDD-eligible)	Relationship	Age at retreat time	T-shirt size (Adult or Youth)	OPWDD eligible diagnosis, if applicable

Indicate with an * in front of their name if not immediate family. –

Preferred Retreat	<input type="checkbox"/> May 31-June 2 <input type="checkbox"/> August 23–25
Wheelchair Accessibility Needed?	<input type="checkbox"/> no <input type="checkbox"/> yes, accessibility needed for (names):

Wellness GIFTS reserves lodging at the campground and facilitates the rental process with the family. Rental agreements and campground documentation is completed upon arrival. Any additional charges incurred by the family during their stay are their responsibility.

Please rank cabin preference 1–3 (1 being most preferred). Lodging is assigned based on family needs. Preferred lodging is not guaranteed	
____ Rustic Cabin (pets allowed) Sleeps 4 – requires own linens ____ Deluxe Resort Lodge (no pets) Sleeps 6 ____ Deluxe Resort Log Chateau (no pets) Sleeps 6	<input type="checkbox"/> RV site* <input type="checkbox"/> tent site*
I will bring a pet- Rustic Cabins only.	<input type="checkbox"/> no <input type="checkbox"/> yes * *\$40.00 (\$20/ night) due with registration
*Wellness GIFTS will contact you to confirm arrangements prior to stay.	

Optional meal is available for Friday evening. **Served between 5:00–6:00 pm.** Please do not sign up if you will not arrive before 6:00 pm.

Adults (age 13+) Friday dinner	# of Adults		Saturday evening Parent/Caregiver Dinner choices (Up to 2 Adults)	
Children (12 & under) Friday dinner	# of Children		Prime Rib	
<i>We will not be participating in Friday evening dinner provided through Wellness GIFTS.</i> <input type="checkbox"/> Check if not participating			Chicken French	
			Stuffed Portabella	



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Emergency Contact – someone who is not attending the retreat

Emergency Contact Name		Relationship	
Cell Phone #		Alternate #	

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

Self-Directed Plan	<input type="checkbox"/> yes <input type="checkbox"/> no (If yes, please submit a copy of your budget that includes Wellness GIFTS.)		
Fiscal Intermediary Name		Phone #	
Email			
Broker Name		Phone #	
Email			

Have you previously attended GIFTS retreats?	<input type="checkbox"/> yes <input type="checkbox"/> no
How did you hear about Wellness GIFTS retreats?	
Photo Permission	
<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, and video.	
SIGN	DATE

We look forward to seeing you soon!!

Please submit your application by email to 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).

The application fee is **non-refundable** unless Wellness GIFTS cancels the retreat or the family is not accepted into the retreat. You can now pay your application fee online at <https://pathways-inc-ii.square.site/wellness-gifts>. 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 \$150.00	Office use: Paid <input type="checkbox"/> online <input type="checkbox"/> check <input type="checkbox"/> other _____
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Note: Payment for any extra fees (pets, added people, etc.) must be received 30 days prior to the retreat. Any unpaid fees will result in loss of registration for added people or pet(s).



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Please Complete

Please complete below to assist our staff & volunteers in supporting your family. Volunteer recruitment continues to be difficult – please help us find helpers! Incentives in the form of gift cards will be given to volunteers.

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.

**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, OPWDD acceptance letter, and notice of OPWDD Waiver enrollment.

SIGN		DATE	
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