

CAREGIVER WELLNESS



Cross the bridge to a new way of being!

A Self-Care Program focused on **Wellness & Mindfulness Meditation**

*Designed for people providing care to an
adult family member **with a mental
illness and a developmental disability***

- Caring for others means that you need to care for yourself!
- Connect with others for learning and support around your wellness
- Explore your strengths
- Discover strategies that cultivate inner resources to deal with outer challenges
- Five interactive sessions with lots of information and practice activities that anyone can do
- No registration fee; space is limited to 15
- Join us! You deserve this gift to yourself.

Begins February 24, 2018

Meets at 151 Centennial Avenue Piscataway NJ

Class meets Saturday February 24(10-2) and
Thursdays March 1, 8, 22, 29 (5:00-7:00 PM)

TO REGISTER, CONTACT:

Peggy Swarbrick, PhD, FAOTA at swarbrma@ubhc.rutgers.edu

This pilot project is being offered by Rutgers UBHC by a contract awarded to NJDMHAS through a contract funded by the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the National Association of State Mental Health Program Directors.

CAREGIVER WELLNESS SELF CARE PROGRAM

MINDFULNESS & WELLNESS SELF-CARE EDUCATION PROGRAM

REGISTRATION FORM

PARTICIPANT INFORMATION			
<p>I am registering for the 5-session <i>Mindfulness and Wellness Self Care Education Program</i> offered on</p> <p>Saturday February 24(10-2) and Thursdays March 1, 8, 22, 29 (5:00-7:00 PM)</p>			
Your Last name:		First:	Middle:
Have you participated in mindfulness training or practice? <input type="radio"/> Yes <input type="radio"/> No	Do you have a family member with a mental health disorder and/or an intellectual / developmental disability? <input type="radio"/> Yes <input type="radio"/> No	What is your family member's age?	What is your relationship to the family member?
Home Address:			
Email Address:		Home phone no.:	Cell phone no.:
IN CASE OF EMERGENCY			
Name of a local family member or friend:	Relationship to you:	Home phone no.:	Work phone no.:
<p>By completing this registration form I understand that I am registering for a 5-session program. To the best of my knowledge, I am able to attend all sessions and I will make sincere efforts to do so. I will receive supplies including a wellness self-care manual, and mindfulness meditation resources, at no cost to me. I endorse and confirm that I am a caregiver of an adult (18 or older) who is diagnosed with a mental health disorder AND /or an intellectual/developmental disability.</p>			
Participant signature		Date	

Submit this form to Dr Peggy Swarbrick @ swarbrma@cspnj.org by January 20, 2018

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