

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

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 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

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.