

# CAREGIVER WELLNESS



*Find your inner peace!*

## A Self-Care Program focused on **Wellness, Gentle Yoga, and 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 March 4, 2018**

Meets at 151 Centennial Avenue Piscataway NJ

Sunday March 4, 10:00 to 2:00pm

Thursday March 8, 15, 22, and 29th, from 1:30 to 3:30.

### **TO REGISTER, CONTACT:**

Peggy Swarbrick, PhD, FAOTA at [swarbrma@ubhc.rutgers.edu](mailto: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.*

## WELLNESS SELF CARE AND GENTLE YOGA PROGRAM REGISTRATION FORM

PARTICIPANT INFORMATION			
<p>I am registering for the 5-session <i>Wellness Self Care and Gentle Yoga Program</i> offered on</p> <p><b>Sunday March 4 (10:00-2:00) and Thursdays March 8, 15, 22, and 29 (1:30-3:30)</b></p>			
Your Last name:		First:	Middle:
Have you participated in yoga 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 <b>5-session program</b>. 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](mailto:swarbrma@cspnj.org) by January 20, 2018

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