

CAREGIVER WELLNESS



**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.

Find your inner peace!

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

WELLNESS SELF CARE AND GENTLE YOGA PROGRAM

REGISTRATION FORM

PARTICIPANT INFORMATION

I am registering for the 5-session *Wellness Self Care and Gentle Yoga Program* offered on

Sunday March 4 (10:00-2:00) and Thursdays March 8, 15, 22, and 29 (1:30-3:30)

Your Last name: First: Middle:

Have you participated in yoga training or practice?	Do you have a family member with a mental health disorder and/or an intellectual / developmental disability?	What is your family member's age?	What is your relationship to the family member?
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Yes No

Yes No

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.:

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.

Participant signature

Date

Submit this form to Dr Peggy Swarbrick @ swarbrma@cspnji.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.