

HEALTHY LIFESTYLES

Facilitated Groups for Tweens, Teens & Young Adults with Autism Spectrum Disorders
and Other Developmental Disabilities
Plus a Series of Parent Workshops

Now Accepting Applications (application is on second page)

Children of all ages need to learn about their bodies, personal hygiene, private vs. public behavior, relationships, boundaries, social etiquette. What they need to learn changes as they mature physically and emotionally. Children with developmental disabilities need to be taught early and often over time. Processing, sensory and social skills issues can present significant challenges. Healthy Lifestyles can help.

Groups for young people able to engage in lively discussion will address:

Physical and emotional changes

How to manage personal needs differences in appropriate and inappropriate relationships

Suitable ways to behave in various kinds of relationships

Conversational skills

Strategies to fit in at school and community groups

Common social rules and rituals

Positive self-esteem

Use of visual cues to support skills learned

Workshops are available to parents providing guidance and discussion with a special focus on ways to teach basic concepts to youth or young children

Call: Orange County Department of Mental Health 845-291-2600 (Ask for Joyce Schmidt)
Go to www.orangecountynyddconnection.com "forms" to download the application; or complete the application below using the "submit by email" button; or mail your completed application to: Healthy Lifestyles c/o Orange County Department of Mental Health, 30 Harriman Drive, Goshen, NY 10924

Registration is only available to those that fill out and submit this application

Healthy Lifestyles Application



Orange County Department of Mental Health
30 Harriman Drive
Goshen, New York
10924
Phone: 845-291-2600
Fax: 845-291-2628
www.orangecountynyddconnection.com

Date:

Parents'/Guardians' Name:

Home Phone:

Cell Phone:

Address:

City:

State:

Zip/Postal Code:

Child's Name (First & Last): D.O.B

Gender: Last four digits SS #: Medicaid # if Applicable:

Developmental Disability:

Other/Medical Condition:

Non-Verbal Emerging Speaker Verbal Conversational Speech Other

School District and School Placement:

Type of Class:

If your child has a Service Coordinator, please list Name and Agency:

Parent Section: I am Interested in the Parent Workshops

What do you hope to learn through the parent workshops?

Youth Section:

My child has conversational speech, is able to engage in group discussion and would like to participate in a Healthy Lifestyles Youth Group. **(complete this section with your child)**

Name of Child:

Tell us about your hobbies and the things you like to do:

Are there any food restrictions?

Tell us what we should know to make this a meaningful and successful experience.

What things might cause anxiety, discomfort or make for a negative experience.

What do you want to learn from the sessions? List any questions you may have.