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

Each session will focus on a different topic through discussion and hands-on-activities facilitated in a discrete manner by male and female professionals. Groups will form based on age, ability and interest.

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

for more information, contact:

David Marr dmarr@orangecountygov.com
or
Antoniette Barbosa abarbosa@orangecountygov.com
or
call the Orange County Department of Mental Health 845-291-2600

Go to www.orangecountynyconnection.com "forms" to download the application; or complete the application below using the "submit by email" button; or if printing mail your completed application to: Health Lifestyles
c/o Orange County Department of Mental Health, 30 Harriman Drive, Goshen, NY 10924

Healthy Lifestyles Application

Submit by Email | Print Form

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: **D.O.B**

Gender: **Last four digits SS #:**

Developmental Disability:

Other/Medical Condition:

☐ **Non-Verbal** ☐ **Emerging Speaker** ☐ **Verbal** ☐ **Conversational Speech** **Other**

School District and School Placement:

Type of Class:

Does he/she have an Individual Service Plan? If yes please provide a copy

◯ **yes** ◯ **no**

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

Please list some interests or hobbies that your child enjoys:

◯ **I am Interested in the Parent Workshops**

What do you hope to learn through the parent workshops?

☐ **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)**

What Name do you go by:

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.