

# Camp Wellness Spring Retreat 2017

By attending our Retreat in Tucson from **April 18-21<sup>st</sup>** you will enjoy:

- ✿ Our core principles of Unconditional Acceptance, Healing, Love, & Having Fun!
- ✿ Know Your Rights! with Anne Ryan, JD
- ✿ Developing/updating your Wellness Wheel
- ✿ Learning to cook new healthy recipes, fun physical activities
- ✿ Making new friends and participating in an alumni reunion!

Active Alumni and students who live outside of Pima County are encouraged to register for this retreat by completing a referral with your Cenpatico provider. The deadline for Camp Wellness to receive referrals is April 13<sup>th</sup>. You will be notified if your registration has been accepted. If you are interested in becoming a student, please complete the referral request on the back of this form. *If you attended our Fall Retreat in September and would like to attend this event, contact Dan at 520-528-5482 or Julie at 520-528-1003.*

The Retreat will be held at the UA RISE Health and Wellness Center (1030 N. Alvernon Way, Tucson AZ). Meals, lodging and educational supplies will be provided for qualified attendees. Contact your case manager or recovery coach to complete your referral and arrange transportation.

Questions? Call toll free 1-844-396-2310 or visit [www.campwellness.org](http://www.campwellness.org).



Family & Community  
Medicine



The Health & Wellness Center is administered by Recovery thru Integration, Support & Empowerment (RISE) in the Department of Family and Community Medicine (DFCM) at The University of Arizona. Cenpatico Integrated Care (Cenpatico) services are funded through a contract with AHCCCS.



# Referral Request

## Student Information

## Provider Agency Information

Your Name:

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Case Manager Name:

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Date of Birth:

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Provider:

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Address:

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Site:

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City, State, Zip:

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Telephone #:

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Telephone #:

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Email:

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Email:

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By providing the above information, I give Camp Wellness permission to contact me and to release and exchange information with my provider to coordinate my referral to Camp Wellness. I can opt out anytime and my information will remain private.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

Are you an adult member of a GMH/SA TXIX or SMI program?  Yes  No

*Your agency will need to complete a Specialty Agency Referral packet which includes:*

- Current Annual Update (Part E) or Original Assessment (Part B Core Assessment) signed by a BHP.
- Demographic including ICD-10 codes, student's current mailing address and contact information.
- Individual Service Plan with a treatment goal for Camp Wellness e.g. "I want to improve my health and wellness by attending LIA RISE Camp Wellness", and list Support & Rehabilitative Services with the student's attendance frequency per month, signed by the member and a BHP.
- Sign and return this application with the required documents via secure email to fax to 520-396-2306 or securely email to [fmreferrals@email.arizona.edu](mailto:fmreferrals@email.arizona.edu).
- Signed & dated Release of Information Form listing Camp Wellness.
- Cenpatico Specialty Provider Referral Checklist.

*Come have fun while improving your health at [www.campwellness.org/](http://www.campwellness.org/)*

**Questions? Call 520-396-2310 or toll free 1-844-396-2310.**

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