

# CAMP WELLNESS SUMMER RETREAT 2016

We keep hearing, *“When do we get to go to Tucson?”*

Well, here is your opportunity!

By attending our Retreat in Tucson from **July 5-8<sup>th</sup>** you will enjoy:

- ⊗ Our core principles of Unconditional Acceptance, Healing, Love, & Having Fun!
- ⊗ Advocacy & Your Legal Rights with Anne Ryan, J.D.
- ⊗ Health Education with Dr. Kutob
- ⊗ Developing/updating your Wellness Wheel
- ⊗ Creating a Wellness Recovery Action Plan
- ⊗ Learning to cook new healthy recipes, fun physical activities
- ⊗ Making new friends and participating in an alumni reunion!

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 June 17<sup>th</sup>. You will be notified by June 24<sup>th</sup> if your registration has been accepted. If you are interested in becoming a student, please complete the application on the back of this form.

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 the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and AHCCCS.



# Student Application

## Student Information

## Provider Agency Information

Your Name:

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Case Manager Name:

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Address:

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Provider:

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City, State, Zip:

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Site:

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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:*

- |   |   |
|---|---|
| <input type="checkbox"/> Current Annual Update (Part E) or Original Assessment (Part B Core Assessment) signed by a BHP.  | <input type="checkbox"/> Demographic including ICD-10 codes, student's current mailing address and contact information.   |
| <input type="checkbox"/> 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. | <input type="checkbox"/> Sign and return this application with the required documents via secure email to fax to 520-396-2306 or securely email to <a href="mailto:fmreferrals@email.arizona.edu">fmreferrals@email.arizona.edu</a> . |
| <input type="checkbox"/> Signed & dated Release of Information Form listing Camp Wellness.  | <input type="checkbox"/> Cenpatico Specialty Provider Referral Checklist.   |

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

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