You are invited to Tucson from **February 26-March 1** to enjoy:

- Our core principles of Unconditional Acceptance, Healing, Love, & Having Fun!
- Surprise Guest Speaker!
- Health Education with Dr. Kutob
- Developing/updating your Wellness Wheel for 2019
- Learning to cook new healthy recipes, fun physical activities to jump start your heart
- Making new friends!

Active Alumni and students who live outside of Pima County are to register for this retreat by contacting Julie or Carter at 877-535-6170 by February 18th. 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, recovery coach or AZ Complete Health to arrange transportation to Tucson. You should arrive by 11AM, Tuesday 2/26/19 and depart at 3PM, Friday 3/1/19.

If you are a current Tucson student or alumni, please re-schedule your transportation accordingly:

<table>
<thead>
<tr>
<th>Day</th>
<th>Class Begins</th>
<th>Class Ends</th>
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<tbody>
<tr>
<td>Tuesday 2/26</td>
<td>9AM</td>
<td>5:45PM</td>
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<tr>
<td>Wednesday 2/27</td>
<td>8:40AM</td>
<td>5:45PM</td>
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<tr>
<td>Thursday 2/28</td>
<td>8:40AM</td>
<td>5:45PM</td>
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<tr>
<td>Friday 3/1</td>
<td>8:40AM</td>
<td>3PM</td>
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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. AZ Complete Health services are funded through a contract with AHCCCS.
Referral Request

Student Information

Your Name:  

Date of Birth:  

Address:  

City, State, Zip:  

Telephone #:  

Email:  

Case Manager Name:  

Provider:  

Site:  

Telephone #:  

Email:  

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.

☐ Individual Service Plan with a treatment goal for Camp Wellness e.g. “I want to improve my health and wellness by attending UA RISE Camp Wellness”, and list Support & Rehabilitative Services with the student’s attendance frequency per month, signed by the member and a BHP. 

☐ 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!

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

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