

Mental Health Wellness and Resiliency Program for Children and Youth with Intellectual and Developmental Disabilities

UCP of Hudson County is proud to announce our Mental Health Wellness and Resiliency Program for Children and Youth. This initiative is funded by Hudson County Department of Health and Human Services. The aim of the program is to provide services to reduce the emotional and mental health impacts of COVID-19 through fun, introspective activities that help youth develop protective factors such as self-confidence, resiliency, and other social and emotional skills. In addition, we will strive to increase positive in-person social interactions, relationships and build community connections. Note our target population will be intellectually, developmentally disabled or emotionally challenged, youth between the ages of 5-21. Services will operate for four (4) hours on Saturdays, from 10:00am to 2:00pm.

The program will be supervised by our chief clinical officer (CCO), a licensed masters' level social worker and psychotherapist, with nearly 30 years of clinical experience in the human services industry. The program Director holds a B.A. degree in psychology and has over 8 years' experience in that capacity. Noteworthy, all our staff have undergone CPR and First-Aid training.

Please note there are a limited number of program slots, admission will be on a first-come, first-serve basis.

We look forward to serving you and providing a safe, nurturing, and therapeutic environment to grow.

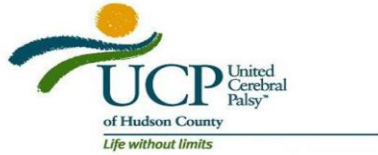
Sincerely,

Reggie Neal,
Chief Clinical Officer

Email: rneal@ucpofhudsoncounty.org

(201) 436-2200

(201) 436-6642 Fax



Mental Health Wellness and Resiliency Program for Children and Youth.

_____	_____
Client Name	DOB
_____	_____
Address	Phone
_____	_____
Caregiver Name	Email
_____	_____
Diagnosis	PCP Name/Number

Medication(s) _____

Allergies _____

Referred by _____

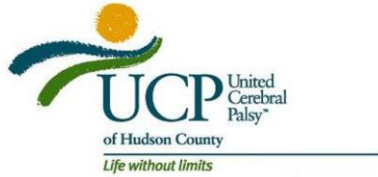
Behavioral History Received ___Y___N **Current Medical Records Received** ___Y___N

Reason for Services (brief description)

Client Affect Assessment (Check all that apply)

Pleasant ____, Sad ____, Happy ____, Withdrawn ____, Crying ____, Guarded ____, Engaging ____, Aggressive ____, lethargic ____, Disoriented ____

Angry ____, Fearful ____, If other describe: _____



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Self-Care Assessment (Independent-I, Dependent-D, Prompting-P) use appropriate initial

Eating ____, Drinking ____, Hand Washing ____, Toileting ____, Dressing ____,

Adaptive Equipment? _____

Describe any area of assistance if necessary _____

Behavioral Functionality

- ____ 1. Person does not currently exhibit **any** inappropriate/rule violating, property destruction, self-injurious, or aggressive behaviors.
- ____ 2. Person **may** exhibit some inappropriate/rule violating behaviors, including, but not limited to self-stimulation (body rocking/hand flashing), noises or other inappropriate vocalizations, non-compliance, and/or being disruptive, but no special behavioral support or environmental modifications are required by school and/or home/residential settings.
- ____ 3. Person has **one or more** inappropriate/rule violating, self-injurious, or aggressive behaviors and these conditions require special behavioral support and/or environmental modifications by school, day program, home/residential setting who have received appropriate training. Support may include redirection, providing additional supervision, personal controls, and implementation of a formal behavioral plan. **Behaviors may include, but are not limited to, having tantrums/outbursts, smearing feces, hitting own body/face/head, hitting others, property destruction, and/or kicking others.**
- ____ 4. Person has one or more inappropriate/rule violating, self-injurious, or aggressive behaviors and these conditions **require a very high level of behavioral support and environmental modifications by school, day program, home/residential setting who have received appropriate training.** Support may include providing one-on-one supervision, personal controls, and implementation of a formal behavioral plan. **Behaviors may include, but are not limited to, sexual predatory behaviors, running away, eating or mouthing inedible objects, scratching self/others, hitting self/others, biting self/others, head-butting others, choking others, and/or kicking others.**

Note: Behaviors exceeding or equal to 2 or more may preclude individual from program but all situations will be viewed on case-by-case bases.

Activities of Interest: (Check all that apply)

Watch TV ____, Listening to Music ____, Dancing ____, Computers ____, Arts & Crafts ____, Health & Fitness ____, Toys ____,
Painting ____, Going for a walk ____, Outdoor Recreation ____, Sports ____

Other: (specify) _____

Any other precautions? _____

Caregiver Signature

Staff Signature

HRN Devised 09/2021