

# ***SUPER SIBLINGS ARE US!***

Getting along with a sibling may be difficult at times,  
but getting along with a sibling who has a  
disability may be a real challenge!

Do you sometimes feel embarrassed?  
Sad? Angry? Confused?

Do you feel guilty about your feelings?

Do you find it hard to talk to your parents, friends and  
teachers about your feelings?

Would you like to share your feelings, concerns and also  
meet new friends and have some fun?

Come and join  
***SUPER SIBLINGS  
ARE US!***

***We are just a phone call away!***

~No Fee~

For information contact

**(845)342-2400 ext. 1254**  
**npallone@mhaorangeny.com**

# ***SUPER SIBLINGS ARE US!***

## ***Monthly Workshops for Siblings of Children with Special Needs***



**We're the very special brothers and  
sisters of individuals with developmental disabilities.**



**Mental Health Association in Orange County, Inc.**  
**73 James P. Kelly Way**  
**Middletown , NY 10940**

**Office: (845) 342-2400 Fax: (845) 343-9665**  
**24 hr. Helpline/Rapeline 1-800-832-1200**

The Sibling Project of the Mental Health Association in Orange  
County, Inc. is funded through a family support grant from the  
Office of People with Developmental Disabilities (OPWDD) and in  
contract with the Hudson Valley DDRO.

# SIBLING PROJECT GOALS

Activities are designed to reflect sibling concerns. The goals are to provide siblings with an opportunity to meet other siblings in a relaxed, recreational setting, an opportunity to discuss common joys and concerns with other siblings and to learn how others handle situations commonly experienced by siblings of children with developmental disabilities.

To register complete items **1 through 4.**

- 1) Completed application form, printed clearly!
- 2) Sign dated photo release form.
- 3) HIPAA ("Notice of Privacy Practices" found on MHA's website) signature page filled out, signed and dated. [www.mhaorangeny.com](http://www.mhaorangeny.com) (last button on at bottom of navigation bar.)
- 4) Notice of Decision from Hudson Valley DDRO.

OPWDD ELIGIBILITY REQUIRED- Notice of Decision from Hudson Valley DDRO. Call 845-342-2400 Ext 1253 for eligibility requirements.

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# REGISTRATION FORM

## SUPER SIBLING(S)

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

## Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

## Person(s) with a disability

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Tabs # \_\_\_\_\_

Disability/diagnosis \_\_\_\_\_

## Person(s) with a disability

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Tabs # \_\_\_\_\_

Disability/diagnosis \_\_\_\_\_

**Mail to:**  
**Sibling Project**  
**Mental Health Association in OC., Inc.**  
**73 James P. Kelly Way**  
**Middletown, NY 10940**