



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?

## Join us at **SUPER SIBLINGS ARE US!**

\*NO FEE\*

www.mhaorangeny.com \*e-mail: mha@mhaorangeny.com  
EBEN ROCKWELL HILL, PRESIDENT \* A UNITED WAY AGENCY  
HELPLINE • 24HOURS • 7 DAYS A WEEK • 1-800-832-1200 or (845) 346-4357

*Mental Health Association in Orange County is a proud member of WELCOME Orange... Helping individuals achieve recovery, resiliency and self-determination.*



## **SUPER SIBLINGS ARE US!**

Monthly Meeting and Activities for  
Siblings of Children with Special Needs

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



Brought to you by:  
**Mental Health Association in Orange County, Inc.**  
73 James P. Kelly Way  
Middletown, NY 10940

Office: (845) 342-2400 Fax: (845)343-9665  
24 Hour 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 and Program Participants Rights"* 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 (NOD) from Hudson Valley DDRO.**

For further information, please contact:

Developmental Disabilities Family Support  
Services  
(845) 342-2400 ext. 1254



## REGISTRATION FORM

### SUPER SIBLING(S)

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

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

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

### Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail \_\_\_\_\_

### 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 \_\_\_\_\_

Please mail to:

Developmental Disabilities Family Support Services  
Siblings Project  
Mental Health Association in Orange County, Inc.  
73 James P. Kelly Way  
Middletown, NY 10940  
or Fax: (845) 343-9665

