

31st Annual WV Families Conference Registration

Canaan Valley Resort, November 3-5, 2023

Freestylin' to Knowledge



The WV Families Conference will be held at Canaan Valley Resort in Davis, WV, November 3-5, 2023. Join family members, self-advocates, social workers and others for a full day of sessions to discuss areas of mutual concern, foster partnerships and keep abreast of current programs for individuals with developmental disabilities.

The registration fee is \$150.00 for adults and \$75.00 for children age 5 to 17 with children under the age of 5 free. All meals are included in this fee. Hotel rooms are available at a special rate of \$98.00 per night. Stipend funds are being made available to families with developmental disabilities and family members of individuals with developmental disabilities through funds from the West Virginia Developmental Disabilities Council and WV Bureau for Behavioral Health. Registrations are due by October 6, 2023.

The conference will kick off Friday evening with a Networking Pizza Party with music. Saturday activities include information packed sessions, activities for children and the conference will wrap up the day with a DJ Dance Party. The conference will conclude on Sunday morning with breakfast and prize drawings.

There will be Activities Rooms available for children and adults. Activities Rooms will have various ages of children and adults with a wide range of abilities. Helpers will be on hand to provide supervision and entertainment. Activities Rooms will be available during session times only. Please be sure to bring any supplies needed including any special diets or needs. Please label any bags with your loved one's name. Please note if your loved one requires one on one companion/supervision, an aide or responsible party is requested.

All overnight accommodations will be made by the Bureau for Behavioral Health. Conference registration is Friday, November 3rd starting at 4:00 pm, with dinner to follow at 6:00 pm.

If you have any questions, contact information is listed below

Pam Ingram
pamela.a.ingram@wv.gov
304-352-5593

Steve Brady
stephen.a.brady@wv.gov
304-352-5559

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Please complete this application and return to Pam Ingram or Steve Brady, BBH, 350 Capitol Street, Room 350, Charleston WV 25301 or email to pamela.a.ingram@wv.gov. Deadline is October 6, 2023

Name of parent/guardian attending: _____

Address: _____

Home phone: _____ Cell Number: _____

Email Address: _____

Name and ages of all attending including adults and children.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Check the box if you are applying for the stipend funds. These funds cover the cost of conference, meals and lodging. Travel cost is not covered by stipend funds.

Overnight Accommodations needed:

Number of nights and days needed: _____

Total number of guests: _____ Total Adults: _____ Total Children 17 and under: _____

Type of room would prefer if possible: _____

Do you require wheelchair access bathroom: () YES () NO

ACTIVITIES ROOM PARTICIPANT INFORMATION FORM

Participant's Full Name: _____ Age _____ Nickname: _____

EMERGENCY CONTACT INFORMATION

Name and relationship: _____

Phone (cell): _____

COMMUNICATION

How does your PARTICIPANT prefer to communicate?

- Speaks clearly Uses sign language Speaks, but may be difficult to understand Uses communication board
 Gestures Other (explain: _____)

ALLERGIES/RESTRICTIONS

Does your PARTICIPANT have any **allergies** or **dietary** restrictions? Yes No

If yes, please specify:

PARTICIPANT'S DAILY LIFE

What are your PARTICIPANT's favorite activities?

Please list any of your PARTICIPANT's dislikes or fears of which we should be aware.

Does your PARTICIPANT require assistance with tasks such as eating, going to the bathroom or moving from place to place? Yes No

If yes, will a caregiver be assisting your PARTICIPANT in the activities to assist with these tasks? Yes No

If no, please describe the assistance needed. Our staff will work with you to find a way for this assistance to be provided for your PARTICIPANT.

Does your PARTICIPANT use any assistive devices? (e.g., wheelchair, braces, catheter, communication board) Yes No

Please describe the proper maintenance and handling of the device(s):

FRONT AND BACK PLEASE

If your PARTICIPANT is bringing a power wheelchair, please be sure to bring the charger with you to the activities room.

ACTIVITIES

Does your PARTICIPANT have any restrictions to activities of which we should be aware?

BEHAVIOR

Does your PARTICIPANT have any behaviors of which the staff should be aware?

What motivators or triggers does your PARTICIPANT have (e.g., toys, activities, foods or e.g., loud noises)

What is the best way to assist your PARTICIPANT if he/she gets overwhelmed or upset?

Additional comments

If a child brings a toy or electronic, please make sure it is labelled very well and all pieces are supplied such as charges, batteries, bags, etc. Connection to the internet will not be allowed during Activities Room time.