

SANCTUARY SUMMER DAYS!

2019 SUMMER YOUTH PROGRAM



At CHNK Behavioral Health, we believe all children deserve the opportunity to go to summer camp! So we are thrilled to offer a summer program for elementary school age youth with behavioral health needs that prevent them from participating in traditional summer camp environments. We are accepting referrals into the summer program now and will continue to do so until we reach capacity.

May 27 through August 9, from 8:30AM to 12:30PM each day
CHNK's Devou Park Campus (200 Home Road, Covington, KY 41011)

Who: Our program is designed specifically for students in kindergarten through 5th grade and who experience aggression, impulse control, suicidal thoughts, depression, anxiety, lagging social skills, family challenges, or other issues that are the result of mental health disorders and/or trauma. Program eligibility is determined during an initial assessment and subsequent insurance authorization. Please note, commercial insurance does not cover this type of program, so participation is limited to Medicaid and private pay families only.

What to Expect: This is a summer-long extension of our current Day Treatment program. Our team will provide daily therapeutic support and social skills training, as well as help participants develop coping strategies and other ways to self-regulate their emotions - all of which will help summer camp participants prepare for a successful 2019-2020 school year! This will all be accomplished through recreation, including art, music, sports, and more. Your child will get to play with purpose!

Additional Information: Breakfast and lunch will be provided. Transportation to and from camp will be offered to students in Covington Independent Public Schools. Additional school districts may have transportation available if the number of participating students from a particular district warrants it. Parents or guardians are also welcome to drop off and pick up their participating children.



How to make a referral: Please complete the back side of this flyer and either scan/email to gethelp@chnk.org or mail to 525 W. Fifth Street, Suite 219, Covington, KY 41011.



REFERRAL FORM

Please complete and either scan/email to gethelp@chnk.org or mail to 525 W. Fifth Street, Suite 219, Covington, KY 41011.

Referral Source Name (*point of contact*) _____

Referral Source Agency/Organization Name _____

Date _____ Referral Source Phone _____

Youth's Legal Name _____ Youth's Grade _____

Youth's Date of Birth _____ Youth's SSN _____

Youth's Gender Identity: Female Male Transgender

Youth's Address _____

School Name & District _____

Primary Caregiver/Legal Guardian(s) _____

Phone _____ Email _____

Primary Insurance _____ Member ID# _____

Subscriber's Name _____

Subscriber's Date of Birth _____

Relationship to Subscriber: Self Child