**Region V Systems**

**Consumer/Family Advisory Committee**

**(CFAC)**

**WRAP Materials and Other Materials Checkout Request**

**Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_**

**Facilitator or Leader/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **State: NE** **Zip: \_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Beginning Date of Project: \_\_\_\_\_\_\_\_\_\_** **Ending Date of Project: \_\_\_\_\_\_\_\_\_\_**

**Areas of Emphasis**

**Please check which best describes the focus of the project:**

[ ] **Promoting Recovery and Positive Change**

**[ ] Consumer Involvement/Advocacy**

**[ ] Social Connectedness**

**[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide a description of the project and how it supports the area(s) of emphasis checked above:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Who will benefit from this project?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is the overall goal of the project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where and when will this/these classes/trainings/workshops/groups be held. Circle one of the options.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**You will be required to submit one or all of the following:**

[ ] final report due within 30 days after the project has ended. Date due:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] evaluation from the attendees about their experience

[ ] evaluation of the facilitators

**\*\* Only request materials for one class/workshop/training at a time\*\*\***

**Items are limited. First Come First Served.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Quantity Ordered** | **Item** | **Cost** | **Item checked** |
|  |  | **Wellness Recovery Action Plan Materials** |  |  |
|  |  | Wellness Recovery Action Plan for **Veterans**,  Active Service Members, and Military in Transition | $6.00 |  |
|  |  | WRAP For Veterans and People in the Military (2007) |  |  |
|  |  | Wellness Recovery Action Plan **(WRAP)** Updated Edition | $7.00 |  |
|  |  | Plan de Acción para la Recuperación del Bienestar **WRAP In Spanish** (not the updated edition) | $10.00 |  |
|  |  | Wellness Recovery Action Plan (WRAP) For **Addictions** | $5.00 |  |
|  |  | WRAP **Workbook** | $4.00 |  |
|  |  | **WRAP On the Go** (Formerly MyWRAP) | $1.00 |  |
|  |  | **Crisis Plan On the Go** (Formerly My Crisis Plan) | $1.00 |  |
|  |  | WRAP for the Effects of **Trauma** | $12.00 |  |
|  |  | **Youth** WRAP | $9.00 |  |
|  |  | **Family** WRAP | $12.00 |  |
|  |  | The **Loneliness** Workbook | $16.95 |  |
|  |  | The **Depression** Workbook: A Guide to Living With  Depression and Manic Depression | $19.95 |  |
|  |  | Healing the **Trauma of Abuse**: A Women's Workbook | $22.95 |  |
|  |  | A WRAP **Workbook for Kids** |  |  |
|  |  |  |  |  |
|  |  | **SAMHSA** |  |  |
|  |  | **Recovering Your Mental Health Booklets** |  |  |
|  |  | A Self-Help Guide |  |  |
|  |  | Action Planning for Prevention and Recovery |  |  |
|  |  | Building Self-Esteem |  |  |
|  |  | Dealing With the Effects of Trauma |  |  |
|  |  | Developing a Recovery and Wellness Lifestyle |  |  |
|  |  | Making and Keeping Friends |  |  |
|  |  | Speaking Out For Yourself |  |  |
|  |  |  |  |  |
|  |  | **Other SAMHSA Publications** |  |  |
|  |  | Creating A Healthier Lifestyle (8 Dimensions of Wellness) SAMHSA |  |  |
|  |  | Taking Action - A Mental Health Recovery Self-Help Educational Program |  |  |
|  |  | Anger Management for SUD and Mental Health - Therapy Manual |  |  |
|  |  | Anger Management for SUD and Mental Health - Participant Workbook |  |  |
|  |  |  |  |  |
|  |  | **Miscellaneous Items** |  |  |
|  |  | CFAC Pen, highlighter, post-it/tabs, CFAC brochure |  |  |
|  |  | CFAC Bic Roller, Highlighter, Post-It's, Flags, CFAC brochure |  |  |
|  |  | Brightly Colored Flexible Poly 3-Ring Binders, 1 in | $1.00 |  |
|  |  | Colorful Plastic Index Dividers, 8-ct. Packs | $1.00 |  |
|  |  | Universal Dividers With Table of Contents (1 - 8) Office |  |  |
|  |  | White Viewbinder 1" |  |  |
|  |  | Black Viewbinder 1" |  |  |
|  |  | Easel Pads with Lines (Large) Return pad when done |  |  |
|  |  | 2 in 1 (Dry Erase Pad and Post-it Easel Pad) This **must be** returned - Dry erase side can be used again |  |  |
|  |  | 5 pack crayons |  |  |
|  |  | 4 pack markers |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | **The following 3 items will also include a CFAC brochure** |  |  |
|  |  | Mechanical Pencils (Community Coming Together) |  |  |
|  |  | Highlighters - Assorted Colors (Community Coming Together) |  |  |
|  |  | Ink Pens (Community Coming Together) |  |  |

\*\*Other materials could include any SAMHSA Curriculum, or any other materials that are NOT COPYRIGHTED. Please allow time for these materials to be printed. Only request enough for one session.

Submit completed request to one of the following:

**E-mail:** [CFAC@region5systems.net](mailto:CFAC@region5systems.net) Sadie Thompson

**Phone**: 402-309-0411 Consumer/Family Advisory Committee

Funding Committee Chairperson

1645 ‘N’ Street

Lincoln, NE 68508

**E-mail** **Mail or drop off**

[**CFAC@region5systems.net**](mailto:CFAC@region5systems.net) CFAC Funding Committee

**Subject Line:** Region V Systems

**Funding Committee** 1645 ‘N’ Street

Lincoln, NE 68508

**Fax**: 402-441-4335

You may receive a phone call from me. This is so that I can help your group be as successful as it can be.

**Any unused materials will need to be returned to Region 5 or can be carried over to YOUR next group.**

**Failure to submit requested reports will be held in consideration of future applications**